

Iowa Medicaid Drug Utilization Review Commission Annual Report of Activities

**Fiscal Year End 2012
(July 2011- June2012)**

**Prepared for
Department of Human Services
By Goold Health Systems**

**Submitted by
Pamela Smith, R.Ph., Project Coordinator
Iowa Medicaid Drug Utilization Review Commission**

October 1, 2012



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

September 24, 2012

Michael Marshall
Secretary of Senate
State Capitol
LOCAL

Charlie Smithson
Chief Clerk of the House
State Capitol
LOCAL

Dear Mr. Marshall and Mr. Smithson:

Enclosed please find copies of reports to the General Assembly relative to the Iowa Medicaid Annual Drug Utilization Report (DUR) Report.

These reports were prepared pursuant to the directive contained in Iowa Code 249A.24, subpart 3.

The Commission realized an overall direct cost savings of \$3.01 for every dollar spent on the program administratively. State money for this program is matched by the federal government at a 1 to 1 ratio (federal to state), so savings can also be stated as \$6.01 per state dollar spent. Total annualized cost savings estimates (\$811,445.92) were increased by approximately 18% when compared to state fiscal year ending 2011.

Savings from patient-focused reviews (\$311,724.80) increased compared to state fiscal year ending 2011. This increase was mainly due to a larger number of suggestions made that resulted in a therapy change. Savings from problem-focused reviews (\$499,721.12) increased by 13% (\$65,006.00) compared to state fiscal year ending 2011 due to a larger patient population selected for the Problem Focused Studies.

Please feel free to contact me if you need additional information.

Sincerely,

Jennifer Davis Harbison
Policy Advisor

JDH/slp
Enclosure

cc: Terry E. Branstad, Governor
Senator Jack Hatch
Senator David Johnson
Representative David Heaton
Representative Lisa Heddens
Legislative Service Agency

Kris Bell, Senate Majority Caucus
Josh Bronsink, Senate Minority Caucus
Brad Trow, House Majority Caucus
Zeke Furlong, House Minority Caucus

The Iowa Medicaid Drug Utilization Review Commission

Goold Health Systems has developed the following report for the Iowa Department of Human Services. This report provides a summary description of the activities of the Iowa Medicaid Drug Utilization Review Commission, along with an evaluation of the Iowa Medicaid retrospective drug utilization review program. Information contained in this report covers projects completed and evaluated during the time period of July 2011 through June 2012.

Background Information

Established in 1984, the DUR Commission is charged with promoting the appropriate and cost-effective use of medications within the Iowa Medicaid member population. Acting as a professional advisory group, the Commission analyzes medication utilization by the members of Iowa Medicaid and performs educational initiatives to optimize member outcomes. The Commission performs retroDUR and educational outreach through patient-focused reviews and problem-focused reviews. The Commission supports the proDUR program through criteria review and acts as a resource to the DHS on other issues concerning appropriate medication use.

Patient-Focused Reviews

Patient-focused reviews are completed with the review of 300 member profiles at each meeting (six times annually). The DUR subcontractor generates these profiles through a complex screening process. The first step of the screening process subjects member profiles to a therapeutic criteria screen. If a profile is found to have failed one or more therapeutic criteria, the member profiles are then assigned a level of risk based on their medication history and potential for adverse events regarding medication. The profiles with the highest level of risk are then selected for the Commission to review. Six months of prescription claims data and medical claims data, if available, are assessed to determine this risk factor.

The member profiles selected from this process are manually reviewed by the Commission to minimize false positives generated by the computer selection process. The Commission identifies situations where educational intervention might be appropriate. Through these interventions, suggestions regarding medication therapy are communicated to the care providers. Templates are developed for suggestions that are frequently communicated to providers. The reviewer may also author an individualized suggestion if a template suggestion is not applicable. These template suggestions are located in the tab labeled Therapeutic Recommendations.

Educational interventions are generally done by letters to prescribers and pharmacists, but may also be done by telephone or in person. The suggestions made by the Commission are educational and informative in nature. Suggestions may be classified as either therapeutic or cost saving in nature. In addition, these suggestions are classified by problem identified for reporting purposes. The classifications are as follows:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration

- Unnecessary Drug Use
- Therapeutic Duplication
- High Cost Drug
- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy
- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

Suggestions are intended to promote appropriate and cost-effective use of medications. When suggestions result in cost savings, these savings are calculated based on decreased cost of medications. However, several of these classes of interventions are intended to increase the use of medications. Examples are member underuse and missing drug therapy. In these cases, the addition of medication therapy will increase medication expenditures, but will be beneficial to the member and should result in cost savings in medical services and/or improved quality of life. Cost savings in these situations cannot be calculated due to data limitations. Therefore, these suggestions are considered to have a positive impact on the program with no medication cost savings. Cost savings on medical services are assumed however not calculated.

Providers are invited to respond to the Commissions' suggestions and to request additional information from the Commission. Responses are voluntary and response rates are calculated for prescribers and pharmacists.

Once a member's profile is reviewed, it is excluded from the selection process for nine months to eliminate repeat selections. After this waiting period, the current profile for each member is generated and reviewed to determine if the Commission's suggestion was implemented. If so, fiscal considerations resulting from that change are also calculated. The policy regarding these calculations is included in Appendix B.

Problem-Focused Reviews

Problem-focused reviews narrow the emphasis of review to a specific issue that has been determined to be an area where a targeted educational effort to providers may be valuable. Topics for review are selected from findings of patient-focused reviews or from reviews of medical literature. Criteria are developed to identify the members who may benefit from intervention and educational materials are disseminated to their providers. Providers are encouraged to voluntarily respond. The member profile is generated again in an appropriate amount of time (typically 6 to 9 months) to determine the impact rate of the intervention, along with any fiscal considerations. The policy regarding these calculations is also included in Appendix B.

Administrative Review

The Commission will review utilization data and medical literature to make recommendations to the Department of Human Services (DHS) regarding policy issues. These recommendations are made to promote the appropriate use of medications and positive member outcomes. Recommendations are made at the request of the DHS or at the Commission's discretion. All authority to accept or reject DUR Commission recommendations lies with the DHS. The Commission may make recommendations but does not make policy. Primary areas for recommendations include proDUR, drug prior authorization (PA), coverage of medications, and administrative and billing procedures. The prospective drug utilization review (proDUR) system is currently administered by Goold Health Systems (GHS) and was implemented statewide in July 1997. The Commission reviews the criteria utilized by GHS and provides input regarding therapeutic validity. Special attention is given to eliminating false positive messaging.

The Commission recommends new or updated guidelines for use in the drug prior authorization program. This process is based on reviews of medical literature in addition to comparisons with other public and private sector programs. Input from providers outside the Commission, particularly specialists, is often sought when developing these guidelines. Once developed, the guidelines are sent to the medical and pharmacy associations in the state for comments. After considering these comments, a final recommendation is made to the Department. The Department may or may not accept the recommendation or may alter the recommendation. These guidelines are then subject to the administrative rules process prior to any policy implementation.

The Commission also makes recommendations regarding coverage of medication or devices. As most coverage requirements are defined by OBRA '90, these recommendations generally encourage coverage of optional services. An example would be the coverage of select over-the-counter medications. If the Department accepts the Commission's recommendation, the proposed coverage change is subject to the administrative rules process prior to implementation.

The Commission reviews pharmacy claims with respect to administrative procedures. Situations where funding for medication can be obtained from other sources are relayed to the Department for their action. For instance, Medicare will pay for immunosuppressive medications for transplant patients and nebulizer solution for dual eligible patients. The Commission also identifies situations where the Department may recover funds from inappropriate billing.

Overall Results

Activities of the Commission were evaluated for State FYE 2012 for interventions performed in the previous or the current fiscal year. The direct cost savings from all activities of the Commission are calculated to be \$811,445.92* which equates to \$3.01* for every \$1.00 of combined federal and state dollars spent administratively. This calculation is based on estimates regarding two types of reviews: patient-focused reviews and problem-focused reviews. These results are also found in Appendix C.

Cost Savings Estimate	\$811,445.92*
Cost of the Program (state and federal dollars)	\$270,000.00
Net cost Savings Estimate	\$541,445.92*
Savings per Total Dollar Spent (state and federal)	\$3.01*
Savings per State Dollar Spent	\$6.01*

Patient-focused reviews resulted in \$311,724.80* in direct cost savings, or \$231.59* per patient evaluated. This estimate is based on the 3,159 suggestions made by the Commission identified from the review of the medication therapy of 1,800 patients. Of these 3,159 suggestions, 373 suggestions were implemented by the providers, resulting in an 11.81% impact rate.

Patient-Focused Profile Review	
Suggestions Made	3,159
Therapy Changed	373
IMPACT RATE	11.81%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated	\$231.59*
Dollars Saved on Medication	\$311,724.80*

Problem-focused reviews resulted in an estimated cost savings of \$499,721.12* or \$154.14 saved per patient evaluated. This estimate is based on the review of profiles with 3,242 patients selected for interventions. Therapy was changed for 1,020 patients, resulting in an impact rate of 31.5%.

Problem-Focused Profile Review

Patients Evaluated	3,242
Therapy Changed	1,020
IMPACT RATE	31.5%
Cost Savings Estimates:	
Dollars Saved on Patient Reviews	\$499,721.12*
Dollars Saved per Patient Evaluated	\$154.14*
Total Dollars Saved on Medication	\$499,721.12*

Comparison to Previous Reports

Cost savings estimates for State FYE 2012 (\$811,445.92*) are higher than last year. This increase is due in part to the following:

- A larger number of patients selected to be evaluated in the patient-focused reviews.
- An increase in the number of problem-focused reviews selected with a larger patient population.

The savings from State FYE 2012 patient-focused reviews (\$311,724.80*) were higher than State FYE 2011 (\$227, 992.82*). The number of suggestions made (3,159) vs. (1,287) increased while the number of suggestions that were accepted (373) vs. (183) also increased from State FYE 2011.

The savings from problem-focused reviews for State FYE 2012 (\$499,721.12*) were higher than State FYE 2011 (\$434,715.72*). This was due to the fact that in State FYE 2012, a larger total number of patients were reviewed.

Results by Review Type

Patient-Focused Review

During this evaluation period, 3,159 educational intervention letters were mailed to prescribers and pharmacies regarding medication therapy. Of this total, 1,669 letters (52.83%) were mailed to prescribers, and 1,490 (47.17%) letters were mailed to pharmacies. Providers are invited to voluntarily respond to Commission letters. Providers returned 948 responses to these letters, resulting in an overall response rate by the providers of 30.01%. Of this total, 475 (50.11%) responses were from prescribers and 473 (49.89%) were from pharmacies. The response rate differed between physicians and pharmacies; 28% for physicians and 32% for pharmacies.

In these 3,159 educational letters, the Commission made 3,159 suggestions. Of these suggestions, 3,053 (96.64%) were therapeutic in nature while 106 (3.36%) were cost-saving in nature. The suggested change was implemented in 373 cases, resulting in an overall impact rate of 11.81%.

Of the 3,159 suggestions, four types of suggestions accounted for over 90% of the total. Those four suggestions were Drug-Drug Interaction (10.57%), Not Optimal Drug (18.90%), Therapeutic Duplication (57.90%), and Not Optimal Dose (3.63%). No other single category accounted for more than 2% of the total suggestions. Of the 373 changes, the most common reasons for the Commission's inquiry were Drug-Drug Interaction (5.36%), Therapeutic Duplication (63.81%), Not Optimal Dose (3.22%), and Not Optimal Drug (13.94%). No other single category accounted for more than 3% of the changes. Detailed information is found in Appendix D.

The suggestions that resulted in change the highest percentage of the time were Patient Overuse (47.83%), Adverse Drug Reaction (24.24%), Unnecessary Drug Therapy (24.24%), and Potential Generic Use (17.39%).

Implementation of therapeutic suggestions resulted in direct drug cost savings of \$305,190.11*. Implementation of the cost-saving suggestions resulted in direct drug cost savings of \$6,534.69*. The total amount saved on medication utilization was calculated to be \$311,724.80* for the 1,346 patients evaluated, or \$231.59* per patient. The complete details of the results of patient-focused studies reported monthly are also outlined in Appendix D.

Included in Appendix D are Intervention Case Summary examples presented to the Commission during the year. These summaries detail the process of specific patient-focused reviews including problem identification, intervention, provider response and outcome. The examples provide an easily understood method to demonstrate the value of retrospective patient focused DUR.

*Savings reported are pre-rebate, total dollars

Problem-Focused Reviews

Fifteen problem-focused reviews were evaluated during State FYE 2012. In conducting these studies, 3,242 patient profiles were reviewed and selected for intervention. Of these patients, 1,020 cases showed evidence of a positive outcome, resulting in an impact rate of 31.5%. These changes in therapy resulted in annualized cost savings of \$499,721.12 or \$154.14 per patient evaluated. Results of all focus studies are detailed in Appendix E. The purpose for each problem-focused review and a complete description of results are available in Appendix F.

Administrative Review

Prior Authorization

The Commission annually reviews the prior authorization program for clinical appropriateness. Changes are recommended to the Department of Human Services. During the State FYE 2012, the Commission reviewed all therapeutic categories requiring prior authorization as well as therapeutic criteria to support operations of the Preferred Drug List. Recommendations for modifications to existing criteria were made for the following categories: Nicotine Replacement Therapy, Palivizumab (*Synagis*), Oxycodone ER/CR (*OxyContin*), Topical Anti-Acne Products, Topical Retinoids for Acne, Benzodiazepines, Chronic Pain Syndromes, Erythropoiesis Stimulating Agents and Sedative/Hypnotics – Non-Benzodiazepines. The following is a list for which new categories of clinical prior authorization criteria were developed: Colchicine (*Colcrys*), Fingolimod (*Gilenya*), Hepatitis C Protease Inhibitors, Dextromethorphan/Quinidine (*Nuedexta*), Roflumilast (*Daliresp*), Nebivolol (*Bystolic*), Vilazodone (*Viibryd*), Crizotinib (*Xalkori*) and Ivacaftor (*Kalydeco*). No recommendations were made to remove criteria during this time period.

These recommendations can be found in Appendix G.

Prospective Drug Review

The Commission reviews and recommends prospective drug utilization review criteria to be utilized by the Department. The following prospective DUR edits were recommended to the Department by the Commission in State FYE 2012:

- Quantity limit on colchicine (*Colcrys*) of 60 tablets per 30 days for a diagnosis of chronic hyperuricemia/gout prophylaxis and 120 tablets per 30 days for a diagnosis of Familial Mediterranean fever.
- Quantity limit on nicotine inhaler of 164 inhalers per 14 days initially then 336 inhalers per 28 days, for a total of 12-weeks therapy within a 12-month period.

- Quantity limit on nicotine nasal spray of 40ml per 14 days initially then 80ml per 30 days, for a total of 12-weeks therapy within a 12-month period.
- Sinecatechins (*Veregen*) – a quantity limit of 15g per 28 days, a maximum duration of treatment of 16-weeks per 12-months, and a point of sale age edit for members less than 18 years of age.
- Point of sale age edit for letrozole (*Femara*) for members under 50 years of age.
- Quantity limit on payable OTC pseudoephedrine of 72 tablets and 240ml of the syrup per 30 days, for up to 90 days per rolling 12-month period.
- Quantity limit on payable OTC dextromethorphan/guaifenesin 10-100mg syrup of 240ml per 30 days, for up to 90 days per rolling 12-month period.
- Quantity limit on sucralfate tablets of 120 tablets per 30 days for a cumulative 60-days therapy after which a quantity limit of 60 tablets per 30 days, per rolling 12-month period.
- Quantity limit on clobazam (*Onfi*) of 60 tablets per 30 days.
- Point of sale duplicate therapy edit on short-acting narcotics to prevent use of multiple short-acting narcotics concurrently.
- Point of sale age edit on risperidone for members under 5 years of age.
- Point of sale age edit on all other antipsychotics for members less than 6 years of age.
- Point of sale duplicate therapy edit on all antipsychotics for members 0 through 17 years of age.
- Quantity limit on risperidone 1mg and 2mg of 60 tablets per 30 days.
- Quantity limit on *Zyprexa* 15mg and 20mg of 30 tablets per 30 days.
- Quantity limit on *Latuda* 40mg and 80mg of 30 tablets per 30 days.
- Quantity limit on *Kalydeco* of 60 tablets per 30 days.
- Quantity limit on *Xalkori* of 60 tablets per 30 days.

Information regarding the Commission recommendations for prospective DUR can be found in Appendix H.

Other Activities

The Commission reviews changes made to the state maximum allowable cost (SMAC) list and the federal upper limit (FUL) list for prescription drugs to determine if narrow therapeutic index concerns exist. Appendix I lists the changes to the SMAC and FUL programs that were reviewed by the Commission.

Three newsletters were written and distributed by the Commission to the Medicaid provider community during this fiscal year. A copy of these newsletters is provided in Appendix J. Topics include:

- New Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis
- Initial Treatment with Antidepressants
- Potential Complications with Daily Aspirin Regimen
- Inappropriate Pediatric Antibiotic Prescribing in Ambulatory Setting
- Vitamin E Supplements Linked to Increase in Prostate Cancer Risk
- Antipsychotics in Iowa Medicaid Children

The Commission maintains a web site to improve communication with a variety of stakeholders. The web site is found at www.iadur.org. The site contains information regarding upcoming meeting dates, locations, agendas, minutes from the previous meeting, the Smoking Cessation Report to the State, as well as past issues of the provider newsletter, the *DUR DIGEST*. In addition the web site provides meeting agendas and minutes for the Drug Utilization Review Mental Health Advisory Group. A copy of this web site is found in Appendix K.

Gregory Barclay M.D. was selected to serve a four-year term and attended his first meeting in August 2011.

Laurie Pestel, Pharm.D. was appointed to her second term beginning July 1, 2011.

Bimonthly prevalence reports were developed to allow the Commission to analyze changes in medication use across the entire Medicaid patient population. Copies are found in Appendix L.

Complete meeting minutes for all Commission meetings are available in Appendix M.

The Iowa Medicaid Drug Utilization Review Mental Health Advisory Group (MHAG) was established in State FYE 2008. Descriptions of the program, as well as meeting minutes are found in Appendix N.

Periodically the Commission will make recommendations to the Iowa Medicaid Pharmacy & Therapeutics Committee regarding the status of a medication on the Preferred Drug List (PDL). A copy of State FYE 2012 recommendations can be found in Appendix O.

Appendix A

Commission Members

**Iowa Medicaid Drug Utilization Review
Commission Members
2011-2012**

Larry Ambroson, R.Ph.

Larry Ambroson currently owns and operates The Medicine Shoppe Pharmacy in Newton, Iowa. Before returning to Iowa, Larry worked as a staff pharmacist for Columbia Regional Hospital in Columbia, Missouri. In addition to running his business, Larry also sits on a review board with Capstone Health in Newton. Larry was appointed to the DUR Commission in 2009; his first term will expire in June 2013.

Casey Clor, M.D.

Dr. Clor has been a family practice physician at the Mercy East Family Practice clinic since completing his residency at the Mercy/Mayo Family Practice Residency Program in Des Moines. Dr. Clor also holds a Masters of Pharmacy Sciences. In addition to family medicine, Dr. Clor has experience in emergency medicine, has served as the Assistant Director for the Mercy Center for Weight Reduction, as well as serving as part of the adjunct faculty for Des Moines University. He currently is serving on the Governor's Council on Physical Fitness and Nutrition. Dr. Clor was appointed to the DUR Commission in 2009; his first term will expire in June 2013.

Brett Faine, Pharm.D.

Dr. Faine is a Clinical Pharmacy Specialist in Emergency Medicine at the University of Iowa Hospital. He serves as a preceptor to residents and Pharm.D. students in the Emergency Treatment Center. Dr. Faine received his Pharm.D. degree from University of Iowa and completed an ASHP-accredited PGY1 Pharmacy Residency at the University of Iowa Hospitals and Clinics. Dr. Faine was appointed to the DUR Commission in 2010; his first term will expire in June 2014.

Mark Graber, M.D., FACEP

Dr. Graber is a Professor of Emergency Medicine and Family Medicine at the University of Iowa Carver College of Medicine. Dr. Graber graduated from Eastern Virginia Medical School and completed his Family Practice Residency at the University of Iowa. In addition to his clinical duties, Dr. Graber serves as an advisor to medical students and residents, and has published numerous text books, reviews, and papers in publications such as *The Annals of Pharmacotherapy*, *Emergency Medicine*, and *American Family Physician*. Dr. Graber also serves as an associate Clinical Editor of the Prescribers Letter. Through his travels, Dr. Graber has presented throughout the United States as well as Ukraine, Russia, and China. In 2007, Dr. Graber was honored by appearing on the "Best Doctors In America" list. Dr. Graber was appointed to the Commission in 2008; his first term will expire in June 2012.

Craig Logemann, R.Ph., Pharm.D., BCPS, CDE

Craig Logemann is a clinic pharmacist with Partners in Health Clinics in Des Moines. He graduated with his Bachelor Degree in Pharmacy from the University of Iowa in 1988. He completed a pharmacy residency at the University of Iowa Hospitals and Clinics. Later, he received his Doctor of Pharmacy degree from the University of Minnesota. He was an Assistant Professor at the University of Iowa College of Pharmacy for nine years prior to accepting his current position. His second term will expire in June 2012.

Susan Parker, Pharm.D.

Dr. Susan Parker is the Pharmacy Director for the Department of Human Services at the Iowa Medicaid Enterprise and serves as liaison to the Commission. She graduated with a Doctor of Pharmacy degree from Mercer Southern School of Pharmacy in Atlanta, Georgia. She is also a graduate of Gannon University in Erie, Pennsylvania with a Bachelor of Science degree Physician Assistant. Dr. Parker brings to the Commission a variety of experience in health care as an Iowa Medicaid drug prior authorization pharmacist, community pharmacist, and physician assistant. She is a member of the American Medicaid Pharmacy Administrators Association and the Western Medicaid Pharmacy Administrators Association.

Laurie Pestel, Pharm,D

Laurie Pestel is the pharmacy manager at Hy-Vee in Red Oak, Iowa. She graduated with her Doctor of Pharmacy degree from Creighton University in 2000. She served on the Board of Professional Affairs as a member of the Iowa Pharmacy Association in 2006. Laurie has experience with both long-term care and retail pharmacy. Dr. Pestel was reappointed for a second term in 2011 which will expire in June 2015.

Gregory Barclay, M.D.

Dr. Barclay is the President and Medical Director of Barclay and Associates, P.C. in Ames, Iowa. Dr. Barclay received his medical degree from the University of Kentucky College of Medicine and completed his residency training in psychiatric medicine at the Naval Regional Medical Center in San Diego, California. He is certified by the American Board of Psychiatry & Neurology, is a Fellow in the American Psychiatric Association, is a Governing Board member of the American Society of Adolescent Psychiatry, and is a member of the Legislative Affairs Committee of the Iowa Psychiatric Society. Dr. Barclay was appointed to the Commission in 2011; his first term will expire in June 2015.

Sara Schutte-Schenck, D.O.

Dr. Schutte-Schenck is a graduate of Drake University and the University of Osteopathic Medicine and Health Sciences. She completed her pediatric residency at Blank Children's Hospital and is currently in practice in Des Moines. Dr. Schutte-Schenck is board certified by the American Academy of Pediatrics. She has previously served on P & T committees as well as credentialing

committees for SecureCare of Iowa. Currently, she serves as a member of the Utilization Management Committee for Coventry Healthcare of Iowa. Dr. Schutte-Schenck's second term will expire in June 2012.

Appendix B

Evaluation Procedure

EVALUATION OF THE IMPACT OF PROSPECTIVE AND RETROSPECTIVE DRUG UTILIZATION REVIEW INTERVENTIONS

The goal of Drug Utilization Review (DUR) is to evaluate cost savings and provide quality assurance of medication use. The DUR Commission works in conjunction with the pharmacy medical program at the Iowa Medicaid Enterprise to contribute to the overall success of the program. The Drug Utilization program:

- Evaluates three areas of activity including Patient-focused Drug Utilization Reviews, Problem-focused Drug Utilization Reviews, and Administrative Activities.
- Examines only direct drug costs. DUR evaluation does not have the ability to quantify its impact on other health services such as hospitalizations, ER visits, and physician visits.
- Reports pre-rebate savings since access to supplemental rebates is not within the scope of the DUR program.
- Often provides recommendations that are qualitative, such as improved health outcomes, rather than quantitative in nature.

As a general principle, evaluations are based upon an observed change in the targeted prescribing or dispensing pattern, as well as changes seen in therapy of the individual patients. One evaluation approach is to observe and quantify changes in prescribing due to a given intervention compared to a control group of providers who do not receive the intervention. The intervention's impact on prescribing may be more readily detectable by this method and could be measured by comparing the two groups of patients or prescribers. However, It is very difficult to design a scientifically sound control group given the many variables surrounding patient care. Therefore, in most instances the DUR Commission has chosen to forego use of a control group to achieve the greatest impact. Although the evaluation of the intervention may be less scientific, intervention on behalf of all the patients is more desirable. In this instance, prescribing trends may not be available for comparison, but savings and benefit can still be quantified at the individual patient level.

Patient-focused DUR

Patient-focused DUR concentrates efforts on specific suggestions made about an individual patient. Each suggestion, or template, attempts to make a change in therapy. These changes are either therapeutic or cost-saving in nature; however, these situations are not necessarily mutually exclusive. A therapeutic change -- one that improves the patient's therapy in some way -- may also produce cost savings. Cost-saving changes are attempted when a patient is not receiving a medication in the most economical form. The intervention does not change the medication but points out that the same medication could be given in a more cost-effective manner. Each template and intervention is evaluated to determine if the proposed change was implemented and, if so, what economic implications can be calculated.

The calculation relating to therapeutic and cost saving interventions is tabulated by comparing a member's initial profile with the member's re-review profile. Each member profile is a six-month snapshot of medications covered by the Medicaid program. Pertinent information such as patient name and ID, date of service, drug name, strength, and quantity, RX number, day supply, prescriber and pharmacy ID, total price submitted, and amount paid appear on each profile. There are nine months in between the initial and re-review profiles to accommodate for provider review, response, and implementation for therapeutic and or cost changes. For each intervention, the total amount paid on the initial profile for any one intervention is noted. According to the intervention at hand, the re-review profile is evaluated for change. The amount paid on the re-review profile for the same intervention is also noted. A comparison between the profiles is calculated by subtracting the total amount paid from the initial profile with the total amount paid from the re-review profile. This calculation is then annualized multiplying the number by 2 to get the pre-rebate annualized savings. Consider this *cost saving* example:

Template sent to the provider:

According to the profile, this patient is receiving Lexapro 10mg tablets. Substantial cost savings can be realized by using one-half of a Lexapro 20mg tablet which is scored and easily broken. Would this patient be a good candidate for this cost-saving measure?

Information on initial profile sent to provider:

Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Total Amount Paid \$498.24

Information on re-review profile used internally for evaluation:

Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Total Amount Paid \$275.52

Calculation of annualized savings

\$498.24 - \$275.52 = \$222.72 (savings for 6 months)

\$222.72 x 2 = \$445.44 (savings for 12 months)

Reported total pre-rebate annualized savings is \$445.44

All savings for patient-focused review are based on annualized savings for one year only. Reporting on patient-focused interventions will provide the following information:

- Total number of templates mentioned
- Number of templates that were therapeutic in nature
- Number of templates that were cost-saving in nature
- Total number of changes implemented
- Number of changes that were therapeutic in nature
- Number of changes with positive impact without savings
- Number of changes that were cost-saving in nature
- Total dollars saved from therapeutic changes
- Total dollars saved from cost-saving changes
- Total dollars saved
- Impact of interventions expressed as a percentage

All templates are described by one of sixteen classifications. These classifications indicate the general type of intervention addressed by the template. Reports will also include a breakdown by classification (therapeutic or cost-saving) of the templates used in the patient-focused letters. This data will show which templates are cited most often, result in change most often, and result in higher cost savings.

Templates that are therapeutic in nature include:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration of Use
- Unnecessary Drug Use
- Therapeutic Duplication
- High Cost Drug
- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy

Templates that are cost saving in nature include:

- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

Problem-focused DUR

Problem-focused DUR concentrates efforts on a specific problem or trend in prescribing. While patient-focused reviews may address a multitude of situations, a problem-focused review addresses only one concern. The DUR Commission uses guidelines, literature and peer-group prescribing to identify particular clinical situations that need addressed. This process ensures that each intervention is unique due to the subject matter and may differ in steps of evaluation.

Reporting for problem-focused interventions will include the types of intervention done and the resulting savings. Savings are always calculated based on one year of therapy only and are calculated in the same manner as explained in the patient-focused DUR section.

Administrative Review

The Drug Utilization Review (DUR) program is a component of the Pharmacy Medical Division of the Iowa Medicaid Enterprise (IME). DUR contributes expertise and information that leads to implementation in other programmatic areas including, but not limited to: Prospective Drug Utilization Review, Prior Authorization, Preferred Drug List, Disease Management, and Supplemental Rebates. Although the DUR program impacts all of the different pharmacy programs it is difficult to determine where its impact begins and ends. Therefore, the savings associated with DUR contribution in other pharmacy areas cannot be determined. IME pharmacy programs are listed below along with a DUR impact statement and example:

- Prospective DUR

Definition: A process in which a request for a drug product for a particular patient is screened for potential drug therapy problems before the product is dispensed.

Impact: The DUR Commission reviews scientific literature regarding specific medications and makes recommendations to DHS on appropriate utilization guidelines or parameters.

Example: The DUR Commission recommended that an age edit be placed on Provigil®, restricting its use in patients to those 16 years of age and older.

- Prior Authorization

Definition: A process for obtaining approval for a drug before the drug is provided to a member, as a precondition for provider reimbursement. Prior authorization is requested at the prescriber level and is a prescriber fax-only system using the forms provided by the Iowa Medicaid Enterprise.

Impact: The DUR Commission develops sound, cost-effective medication use guidelines by reviewing peer reviewed medical information from various sources. The Commission seeks outside expertise when necessary and considers public comments prior to

recommending step therapy for appropriate drug use.

Example: The DUR Commission developed the criteria for the Nicotine Replacement Therapy prior authorization.

Prior Authorization is required for over-the-counter nicotine replacement patches and nicotine gum. Requests for authorization must include:

- 1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.
- 2) Confirmation of enrollment in the Quitline Iowa counseling program is required for approval.
- 3) Approvals will only be granted for patients eighteen years of age and older.
- 4) The maximum allowed duration of therapy is twelve weeks within a twelve-month period.
- 5) A maximum quantity of 14 nicotine replacement patches and/or 110 pieces of nicotine gum may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and/or 330 pieces of nicotine gum. Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline Iowa program.

- Preferred Drug List (PDL)

Definition: A list comprised of drugs recommended to the Iowa Department of Human Services by the Iowa Medicaid Pharmaceutical and Therapeutics Committee that have been identified as being therapeutically equivalent within a drug class and that provide cost benefit to the Medicaid program.

Impact: The DUR Commission makes referrals to and considers requests from the Pharmacy and Therapeutics (P&T) Committee to improve drug therapy.

Example: The DUR Commission recommended that the Iowa Medicaid Pharmacy and Therapeutics Committee change the status of products containing carisoprodol on the PDL from preferred to nonpreferred.

- Disease management

Definition: A coordinated process by which Iowa Medicaid identifies and treats diseases within defined patient populations. This goal is achieved by identifying and delivering the most effective and efficient combination of available resources.

Impact: The Commission reviews disease state guidelines to determine appropriate drug use, shares drug utilization information, and makes recommendations to improve therapeutic outcomes.

Example: DUR exchanged patient specific information with case management regarding utilization patterns of Advair®.

- Supplemental rebates

Definition: A rebate given in addition to rebates received under the CMS Rebate Agreement, pursuant to Section 1927 of the Social Security Act (42 USC 1396r-8).

Impact: The existence of a supplemental rebate and how it may impact the price of a medication is taken into consideration when the DUR Commission makes recommendations.

Example: The DUR Commission requested that the Iowa Medicaid P&T Committee review the different dosage forms of nicotine replacement therapy and share information as to which products were the most cost effective.

Appendix C

Overall Programs Results

**Program Evaluation/Cost Savings Estimates
Iowa Medicaid Retrospective Drug Utilization Review
Annual Report
State Fiscal Year 2012**

Patient Focused Profile Review

Suggestions Made	3,159
Therapy Changed	373
Impact Rate	11.81%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated*	\$231.59
Dollars Saved on Medication*	\$311,724.80

Problem-Focused Profile Review

Suggestions Made	3,242
Therapy Changed	1,020
Impact Rate	31.46%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated*	\$154.14
Dollars Saved on Medication*	\$499,721.12

Cost Savings Estimate*	\$811,445.92
Cost of the Program (State & Federal)	\$270,000.00
Net Cost Savings Estimate	\$541,445.92

Savings Per Dollar Spent (State and Federal)*	\$3.01
--	---------------

Savings Per State Dollar Spent*	\$6.01
--	---------------

*Savings reported are pre-rebate, total dollars

Appendix D

Results Patient-Focused

Patient - Focused Reviews

State FYE 2012

Initial Review Date

October 2010 - September 2011

Re-review Date

July 2011 - June 2012

Patient Profiles Reviewed 1,800

Profiles Selected for Intervention 1,346

Intervention Letters Sent

Prescribers 1,669 52.83%

Pharmacists 1,490 47.17%

Total **3,159** 100%**Responses Received**

Prescribers 475 50.11%

Pharmacists 473 49.89%

Total **948** 100.00%**Overall Response Rate 30.01%**

Prescriber Response Rate 28.46%

Pharmacy Response Rate 31.74%

Total Number of Suggestions

Therapeutic 3,053 96.64%

Cost-Saving 106 3.36%

Total **3,159** 100%**Total Number of Changes**

Therapeutic 361 96.78%

Cost-Saving 12 3.22%

Positive Impact Only 0 0.00%

Total **373** 100%**Impact Rate 11.81%**

Patient - Focused Review
Month by Month Breakdown
State FYE 2012

Initial Review Date Evaluation Date	Oct-10 Jul-11	Dec-10 Sep-11	Feb-11 Nov-11	Apr-11 Jan-12	Jun-11 Mar-12	Aug-11 May-12	Total
Profiles Reviewed	300	300	300	300	300	300	1,800
Profiles Available for Evaluation	216	215	224	236	217	238	1,346
Total Number of Suggstions Made	568	510	513	523	495	550	3,159
Therapeutic	556	489	508	502	465	533	3,053
Cost Saving	12	21	5	21	30	17	106
Total Number of Changes Made	52	118	34	60	44	65	373
Therapeutic	50	116	34	56	42	63	361
Cost Saving	2	2	0	4	2	2	12
Positive Impact Only	0	0	0	0	0	0	0
Total Dollars Saved - Therapeutic	\$39,099.05	\$84,123.48	\$84,285.99	\$20,764.53	\$17,262.94	\$59,654.12	\$305,190.11
Total Dollars Saved - Cost Saving	\$182.72	\$56.16	\$0.00	\$2,410.88	\$1,863.26	\$2,021.67	\$6,534.69
Total Dollars Saved on Medication*	\$39,281.77	\$84,179.64	\$84,285.99	\$23,175.41	\$19,126.20	\$61,675.79	\$311,724.80
Total Dollars Saved per Profile	\$181.86	\$391.53	\$376.28	\$98.20	\$88.14	\$259.14	\$231.59

*Savings reported are pre-rebate total dollars.

**Medicaid DUR Impact Assessment
Report
Patient-Focused Reviews
State FYE 2012**

Initial Review Date Evaluation Date	Oct-10 Jul-11	Dec-10 Sep-11	Feb-11 Nov-11	Apr-11 Jan-12	Jun-11 Mar-12	Aug-11 May-12	Total	
Profiles Reviewed	300	300	300	300	300	300	1,800	
Profiles Evaluated	216	215	224	236	217	238	1,346	
<u>Letters Sent</u>	568	510	513	523	495	550	3,159	100.00%
Prescribers	302	276	272	270	265	284	1,669	52.83%
Pharmacy	266	234	241	253	230	266	1,490	47.17%
<u>Responses Received</u>	130	163	152	160	158	185	948	100.00%
Prescribers	71	75	74	77	82	96	475	50.11%
Pharmacy	59	88	78	83	76	89	473	49.89%
Total Number of Templates Mentioned	568	510	513	523	495	550	3,159	100.00%
Therapeutic	556	489	508	502	465	533	3,053	96.64%
Cost-Saving	12	21	5	21	30	17	106	3.36%
Total Number of Changes Made	52	118	34	60	44	65	373	100.00%
Therapeutic	50	116	34	56	42	63	361	96.78%
Cost-Saving	2	2	0	4	2	2	12	3.22%
Positive Impact Only	0	0	0	0	0	0	0	0.00%
Total Dollars Saved - Therapeutic Changes	\$39,099.05	\$84,123.48	\$84,285.99	\$20,764.53	\$17,262.94	\$59,654.12	\$305,190.11	97.90%
Total Dollars Saved - Cost Saving Changes	\$182.72	\$56.16	\$0.00	\$2,410.88	\$1,863.26	\$2,021.67	\$6,534.69	2.10%
Total Dollars Saved on Medication*	\$39,281.77	\$84,179.64	\$84,285.99	\$23,175.41	\$19,126.20	\$61,675.79	\$311,724.80	100.00%
Total Dollars Saved Per Profile Evaluated	\$181.86	\$391.53	\$376.28	\$98.20	\$88.14	\$259.14	\$231.59	

*Savings reported are pre-rebate, total dollars

Comment Type
Patient Focused Reviews
State FYE 2012

Initial Review Date Evaluation Date	Oct-10 Jul-11		Dec-10 Sep-11		Feb-11 Nov-11		Apr-11 Jan-12		Jun-11 Mar-12		Aug-11 May-12		Total	
<u>Template Classification</u>	<u>Suggestions</u>	<u>Changes</u>	<u>Suggestions</u>	<u>Changes</u>	<u>Suggestions</u>	<u>Changes</u>	<u>Suggestions</u>	<u>Changes</u>	<u>Suggestions</u>	<u>Changes</u>	<u>Suggestions</u>	<u>Changes</u>	<u>Total Suggestions</u>	<u>Total Changes</u>
Adverse Drug Reaction	2	0	0	0	0	0	0	0	0	0	31	8	33	8
Drug-Disease Interaction	0	0	2	0	0	0	0	0	1	0	2	0	5	0
Drug-Drug Interaction	28	0	38	2	66	0	104	12	50	5	48	1	334	20
High Cost Drug	2	0	0	0	0	0	0	0	0	0	0	0	2	0
Innapropriate Billing	4	0	6	0	3	0	7	2	6	0	1	0	27	2
Missing Drug Therapy	4	2	2	0	0	0	6	0	0	0	0	0	12	2
Not Optimal Dosage Form	8	2	9	0	0	0	11	0	18	0	10	2	56	4
Not Optimal Dose	21	0	12	0	4	0	18	6	15	4	13	2	83	12
Not Optimal Drug	151	7	62	10	118	5	103	13	68	5	95	12	597	52
Not Optimal Duration	26	4	5	0	2	0	8	3	9	1	10	0	60	8
Patient Overuse	11	4	3	1	0	0	6	3	0	0	3	3	23	11
Patient Underuse	14	1	2	0	0	0	0	0	4	0	5	0	25	1
Potential Generic Use	0	0	6	0	2	0	3	2	6	2	6	0	23	4
Therapeutic Alternative	0	0	0	0	0	0	2	0	0	0	15	2	17	2
Therapeutic Duplication	291	32	356	105	314	27	251	19	312	25	305	31	1829	239
Unnecessary Drug Therapy	6	0	7	0	4	2	4	0	6	2	6	4	33	8
Total	568	52	510	118	513	34	523	60	495	44	550	65	3,159	373

**Patient Focused Reviews
State FYE 2012**

Template Classification	Total Suggestions	Total Changes	% of Total Suggstions	% of Total Changes	% of Suggestions Changed	% Dollars Saved
Adverse Drug Reaction	33	8	1.04%	2.14%	24.24%	0.03%
Drug-Disease Interaction	5	0	0.16%	0.00%	0.00%	0.00%
Drug-Drug Interaction	334	20	10.57%	5.36%	5.99%	2.99%
High Cost Drug	2	0	0.06%	0.00%	0.00%	0.00%
Inappropriate Billing	27	2	0.85%	0.54%	7.41%	0.03%
Missing Drug Therapy	12	2	0.38%	0.54%	16.67%	0.17%
Not Optimal Dosage Form	56	4	1.77%	1.07%	7.14%	0.33%
Not Optimal Dose	83	12	2.63%	3.22%	14.46%	2.37%
Not Optimal Drug	597	52	18.90%	13.94%	8.71%	28.05%
Not Optimal Duration	60	8	1.90%	2.14%	13.33%	0.58%
Patient Overuse	23	11	0.73%	2.95%	47.83%	0.90%
Patient Underuse	25	2	0.79%	0.54%	8.00%	0.00%
Potential Generic Use	23	4	0.73%	1.07%	17.39%	0.91%
Therapeutic Alternative	17	2	0.54%	0.54%	11.76%	0.44%
Therapeutic Duplication	1,829	238	57.90%	63.81%	13.01%	61.68%
Unnecessary Drug Therapy	33	8	1.04%	2.14%	24.24%	1.51%
Total	3,159	373	100.00%	100.00%	11.81%	100.00%

Savings By Template Class

State FYE 2012

Initial Review Date Evaluation Dte	Oct-10 Jul-11	Dec-10 Sep-11	Feb-11 Nov-11	Apr-11 Jan-11	Jun-11 Mar-12	Aug-11 May-12	Total
<u>Template Classification</u>							
Adverse Drug Reaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$101.34	\$101.34
Drug-Disease Interaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug-Drug Interaction	\$0.00	\$1,050.23	\$0.00	\$3,420.60	\$3,992.98	\$842.93	\$9,306.74
High Cost Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Inappropriate Billing	\$0.00	\$0.00	\$0.00	\$104.16	\$0.00	\$0.00	\$104.16
Missing Drug Therapy	\$539.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$539.73
Not Optimal Dosage Form	\$182.72	\$0.00	\$0.00	\$0.00	\$0.00	\$844.56	\$1,027.28
Not Optimal Dose	\$0.00	\$0.00	\$0.00	\$690.58	\$2,739.39	\$3,944.98	\$7,374.95
Not Optimal Drug	\$19,610.51	\$20,210.52	\$33,217.90	\$3,528.39	\$88.73	\$10,786.02	\$87,442.07
Not Optimal Duration	\$447.31	\$0.00	\$0.00	\$1,077.03	\$290.72	\$0.00	\$1,815.06
Patient Overuse	\$2,612.50	\$33.94	\$0.00	\$60.34	\$0.00	\$109.09	\$2,815.87
Patient Underuse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Potential Generic Use	\$0.00	\$0.00	\$0.00	\$1,922.44	\$900.53	\$0.00	\$2,822.97
Therapeutic Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,385.97	\$1,385.97
Therapeutic Duplication	\$15,889.00	\$62,884.95	\$49,915.47	\$12,371.87	\$8,785.43	\$42,440.24	\$192,286.96
Unnecessary Drug Therapy	\$0.00	\$0.00	\$1,152.62	\$0.00	\$2,328.42	\$1,220.66	\$4,701.70
Total	\$39,281.77	\$84,179.64	\$84,285.99	\$23,175.41	\$19,126.20	\$61,675.79	\$311,724.80

Intervention Case Summaries

August 2011

The Commission reviewed the profile of an 11 year-old female taking imipramine, *Lexapro*, and trazodone. The Commission asked if one or more of the medications could be discontinued. Upon re-review, imipramine was discontinued.
Annualized pre-rebate savings (state and federal) = \$113.94

The Commission reviewed the profile of a 52 year-old female using the inhaled anticholinergics found in *Spiriva* and *Combivent* concurrently. The Commission asked if one anticholinergic could be discontinued and to continue with the one best suited for the patient. Upon re-review, *Combivent* was discontinued.
Annualized pre-rebate savings (state and federal) = \$2,075.38

The Commission reviewed the profile of a 56 year-old female taking *Cymbalta*, nortriptyline, and trazodone concurrently. The Commission asked if one or more of the antidepressants could be discontinued and the dose of the other(s) be adjusted if needed. Upon re-review, trazodone was discontinued and the dose of nortriptyline was increased.
Annualized pre-rebate savings (state and federal) = \$48.41 (after additional cost of increased nortriptyline dose).

The Commission reviewed the profile of a 64 year-old female using *Miacalcin* and alendronate concurrently. The Commission asked if the *Miacalcin* could be discontinued since clinical studies have found there is a greater increase in bone mineral density with alendronate versus *Miacalcin*. Upon re-review, *Miacalcin* was discontinued.
Annualized pre-rebate savings (state and federal) = \$1,607.57

Intervention Case Summaries

October 2011

The Commission reviewed the profile of a 63 year-old receiving *Risperdal Consta* every two weeks. The Commission asked if the medication could be dispensed in a larger monthly quantity. Upon re-review, *Risperdal Consta* is being dispensed every 28 days. Annualized savings (based on dispensing fee) = \$80.60

The Commission reviewed the profile of a 55 year-old male receiving albuterol in *Vospire ER* tablets and *Advair*. The Commission asked what the clinical situation was that required this consistent duplication and if *Vospire ER* could be discontinued given the patient was also using *Advair*. Upon re-review, *Vospire ER* was discontinued. Annualized pre-rebate savings (state and federal) = \$763.40

The Commission reviewed the profile of a 35 year-old female taking hydrocodone/apap 5/500 and oxycodone/apap 5/325 concurrently, thus exceeding the maximum daily dose of acetaminophen. The Commission asked if the patient requires the use of both agents and if so, if hydrocodone/apap 5/325 would be a better option for this patient. Upon re-review, oxycodone/apap was discontinued while the hydrocodone/apap 5/500 dose was continued but hydrocodone/apap 5/325 was added by a different prescriber. This patient has been referred to the Lock-In program for review. Annualized pre-rebate savings (state and federal) = \$174.43

The Commission reviewed the profile of a 58 year-old female using *Spiriva* and ipratropium inhalation solution concurrently. The Commission asked if one of the inhaled anticholinergics could be discontinued. Upon re-review, ipratropium was discontinued. Annualized pre-rebate savings (state and federal) = \$309.30

Intervention Case Summaries

December 2011

The Commission reviewed the profile of a 45 year-old male receiving benztropine concurrently with an atypical antipsychotic. The Commission asked if the benefit of the atypical antipsychotic was being realized and if the patient would be a candidate to change to a less expensive typical antipsychotic. Upon re-review, benztropine was discontinued.

Annualized savings (state and federal) = \$72.31

The Commission reviewed the profile of a 41 year-old female using *Spiriva* in combination with inhaled ipratropium. The Commission asked if one of the anticholinergics could be discontinued. Upon re-review, *Spiriva* was discontinued.

Annualized pre-rebate savings (state and federal) = \$2,800.30

The Commission reviewed the profile of a 23 year-old male taking *Seroquel* and *Zyprexa* concurrently. The Commission asked if two atypical antipsychotics were necessary and if one could be discontinued. Upon re-review, *Zyprexa* was discontinued while the dose of *Seroquel* remained the same.

Annualized pre-rebate savings (state and federal) = \$14,075.14

The Commission reviewed the profile of a 58 year-old female using *Combivent* and *Proventil HFA* concurrently. The Commission asked if the patient would benefit from stopping the *Combivent* and adding an anticholinergic (*Spiriva*, *Atrovent HFA*) to the *Proventil HFA* decreasing the patients use of albuterol. Upon re-review, *Combivent* was discontinued and changed to *Atrovent HFA*.

Annualized pre-rebate savings (state and federal) = \$205.61 (Cost of *Combivent* minus *Atrovent HFA*)

Intervention Case Summaries

February 2012

The Commission reviewed the profile of a 64 year-old female using *Spiriva* in combination with *Atrovent HFA*. The Commission asked if one of the anticholinergics could be discontinued. Upon re-review, *Spiriva* was discontinued.

Annualized savings (state and federal) = \$3,107.14

The Commission reviewed the profile of a 58 year-old male using simvastatin and lovastatin concurrently. The Commission asked if one of the statins could be discontinued and the dose of the other be adjusted if needed. Upon re-review, simvastatin was discontinued.

Annualized pre-rebate savings (state and federal) = \$69.59

The Commission reviewed the profile of a 36 year-old male taking *Seroquel* and clozapine concurrently at subtherapeutic doses. The Commission asked if each of the medications had been tried as monotherapy at maximal dose without success. Upon re-review, *Seroquel* was discontinued while the dose of clozapine was increased.

Annualized pre-rebate savings (state and federal) = \$2,385.25 (after the additional cost of the increased dose of clozapine)

The Commission reviewed the profile of a 21 year-old male taking three antipsychotics concurrently (clozapine, *Geodon*, haloperidol). The Commission asked if the patient had a sequence of trials with each individual medication titrated to a therapeutic level without success and if one or more of the antipsychotics could be discontinued with optimizing the dose of the other(s). Upon re-review, clozapine was discontinued, the haloperidol dose was increased and the *Geodon* dose remained the same.

Annualized pre-rebate savings (state and federal) = \$722.63 (after the additional cost of the increased dose of haloperidol)

Intervention Case Summaries

April 2012

The Commission reviewed the profile of a 44 year-old female receiving three different strengths of *Geodon* (totaling 180mg/day). The Commission asked if the dose could be consolidated to decrease the number of prescriptions dispensed per month. Upon re-review, the *Geodon* dose was consolidated to one prescription per month (totaling 120mg/day).

Annualized savings (state and federal) = \$3,261.24

The Commission reviewed the profile of a 31 year-old female receiving benztropine concurrently with low dose of *Abilify*. The Commission asked if the benztropine was necessary. Upon re-review, benztropine was discontinued.

Annualized pre-rebate savings (state and federal) = \$36.00

The Commission reviewed the profile of a 19 year-old female taking *Geodon* and haloperidol concurrently. The Commission asked if there was a significant advantage in the side effect profile of the combination since the patient was still at risk for EPS and if the combination therapy had been recently reevaluated to consider tapering to one agent. Upon re-review, *Geodon* and haloperidol were discontinued and risperidone was added.

Annualized pre-rebate savings (state and federal) = \$6,975.53

The Commission reviewed the profile of a 50 year-old male taking cyclobenzaprine and baclofen. The Commission asked what the clinical situation was for the combined use of the muscle relaxants and if one could be discontinued and the dose of the other adjusted if needed. Upon re-review, cyclobenzaprine was discontinued and the dose of baclofen remained the same.

Annualized pre-rebate savings (state and federal) = \$36.00

Intervention Case Summaries

June 2012

The Commission reviewed the profile of a 35 year-old male receiving two atypical antipsychotics (*Abilify* and *Seroquel*). The Commission asked if a sequence of monotherapy trials with each atypical antipsychotic were tried without success and if the patient would be a candidate for clozapine. Upon re-review, the *Abilify* and *Seroquel* were discontinued and *Zyprexa* 20mg was added.

Annualized savings (state and federal) = \$666.41

The Commission reviewed the profile of a 46 year-old female taking cyclobenzaprine and methocarbamol concurrently. The Commission asked what the clinical situation was for the combined use of these muscle relaxants. Upon re-review, cyclobenzaprine was discontinued.

Annualized pre-rebate savings (state and federal) = \$33.58

The Commission reviewed the profile of a 46 year-old female taking diphenhydramine, chlorpheniramine and loratadine concurrently. The Commission asked if one or more of the antihistamines could be discontinued. Upon re-review diphenhydramine and chlorpheniramine were discontinued.

Annualized pre-rebate savings (state and federal) = \$196.34

The Commission reviewed the profile of a 57 year-old female using *Spiriva* in combination with *Combivent*. The Commission asked if one of the inhaled anticholinergics could be discontinued. Upon re-review, *Combivent* was discontinued.

Annualized pre-rebate savings (state and federal) = \$2,538.10

Appendix E

Results Problem-Focused

**Problem Focused Studies
SFY 2012**

Focus Study	Review Period	Evaluation Period	Patients Reviewed	Total Cost Savings*
Chronic Mupirocin Use	6/1/2010 - 8/31/2010	3/15/2011 - 6/15/2011	31	\$10,013.08
Chronic Triptan Use	6/1/2010 - 8/31/2012	3/15/2011 - 6/15/2011	138	\$63,380.68
Chronic Hepatitis C diagnosis without Treatment ^a	1/1/2008 - 12/31/2010	1/1/2011 - 6/30/2011	675	\$0.00
Chronic Antibiotic Use	4/1/2010 - 9/30/2010	2/1/2011 - 7/31/2011	263	\$80,331.34
Promethazine-Containing Products in Children ^a	11/1/2009 - 10/31/2010	2/1/2011 - 7/31/2011	39	\$0.00
Duplicate SSRIs	12/1/2010 - 1/31/2011	6/1/2011 - 8/31/2011	22	\$3,012.24
LABA in Asthma	7/1/2010 - 12/31/2010	7/1/2011 - 12/31/2011	8	\$946.94
Antidepressant Use in Children	10/1/2010 - 10/31/2010	10/1/2011 - 10/31/2011	297	\$30,248.52
Beer's Criteria	11/1/2010 - 1/31/2011	11/1/2011 - 1/31/2011	125	\$280.28
Serotonin Syndrome	11/1/2010 - 1/31/2011	11/1/2011 - 1/31/2012	872	\$295,679.48
Bipolar Disorder ^a	07/1/2010 - 12/31/2010	9/1/2011 - 2/29/2012	407	\$0.00
Topiramate and Birth Defects (with Seizure Diagnosis)	12/1/2010 - 2/28/2011	12/1/2011 - 2/29/2012	104	\$4,116.32
Topiramate and Birth Defects (without Seizure Diagnosis)	12/1/2010 - 2/28/2011	12/1/2011 - 2/29/2012	186	\$233.64
Aspirin with Ibuprofen/Naproxen	8/5/2011 - 10/5/2011	2/1/2012 - 3/31/2012	43	\$1,985.64
Aspirin/NSAIDs and GI Protection	2/1/2011 - 4/30/2011	2/1/2012 - 4/30/2012	32	\$9,492.96
TOTAL			3,242	\$499,721.12

*Savings reported are pre-rebate, total dollars

^a Positive impact only

Problem Focused Studies Impact Rate SFY 2012

Focus Study	Review Period	Evaluation Period	Patients Reviewed	Postive Impact	Impact Rate
Chronic Mupirocin Use	6/1/2010 - 8/31/2010	3/15/2011 - 6/15/2011	31	17	54.8%
Chronic Triptan Use	6/1/2010 - 8/31/2012	3/15/2011 - 6/15/2011	138	55	39.9%
Chronic Hepatitis C diagnosis without Treatment ^a	1/1/2008 - 12/31/2010	1/1/2011 - 6/30/2011	675	4	0.6%
Chronic Antibiotic Use	4/1/2010 - 9/30/2010	2/1/2011 - 7/31/2011	263	91	34.6%
Promethazine-Containing Products in Children ^a	11/1/2009 - 10/31/2010	2/1/2011 - 7/31/2011	39	30	76.9%
Duplicate SSRIs	12/1/2010 - 1/31/2011	6/1/2011 - 8/31/2011	22	7	31.8%
LABA in Asthma	7/1/2010 - 12/31/2010	7/1/2011 - 12/31/2011	8	4	50.0%
Antidepressant Use in Children	10/1/2010 - 10/31/2010	10/1/2011 - 10/31/2011	297	199	67.0%
Beer's Criteria	11/1/2010 - 1/31/2011	11/1/2011 - 1/31/2011	125	24	19.2%
Serotonin Syndrome	11/1/2010 - 1/31/2011	11/1/2011 - 1/31/2012	872	299	34.3%
Bipolar Disorder	07/1/2010 - 12/31/2010	9/1/2011 - 2/29/2012	407	121	29.7%
Topiramate and Birth Defects (with Seizure Diagnosis)	12/1/2010 - 2/28/2011	12/1/2011 - 2/29/2012	104	60	57.7%
Topiramate and Birth Defects (without Seizure Diagnosis)	12/1/2010 - 2/28/2011	12/1/2011 - 2/29/2012	186	76	40.9%
Aspirin with Ibuprofen/Naproxen	8/5/2011 - 10/5/2011	2/1/2012 - 3/31/2012	43	15	34.9%
Aspirin/NSAIDs and GI Protection	2/1/2011 - 4/30/2011	2/1/2012 - 4/30/2012	32	18	56.3%
TOTAL			3,242	1,020	31.5%

Appendix F

Descriptions Problem-Focused



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 06/01/2010 and 08/31/2010
Chronic Mupirocin Use

Purpose: Follow-up on the unique members identified as using mupirocin regularly.

Number of unique members from original study	31
Number of unique members that changed therapy	17
Number of unique members that did not change therapy	14
Number of members who lost Medicaid eligibility since 9/1/2010	0

Number of surveys sent to prescribers	37	Number of surveys received from prescribers	22	Percent of surveys from prescribers	59.46%
Number of surveys sent to pharmacies	33	Number of surveys received from pharmacies	13	Percent of surveys from pharmacies	39.39%
Total number of surveys sent	70	Total number of surveys received	35	Percent of surveys received	50.00%

Costs (pre-rebate)	Original Costs (06/01/2010-08/31/2010) *	Costs After DUR Intervention (03/15/2011 -06/15/2011) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$2,152.58	\$318.70	\$1,833.88	\$7,335.54
Total Dollars State	\$814.45	\$145.06	\$669.39	\$2,677.54
Total Dollars (State and Federal)	\$2,967.03	\$463.76	\$2,503.27	\$10,013.08

* Federal FMAP: 0.7255 State FMAP: 0.2745

** Federal FMAP: 0.6872 State FMAP: 0.3128

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 6/1/2010 and 8/31/2010
Chronic Triptan Use

Purpose: Follow-up on the unique members identified as regularly filling prescriptions for a triptan without a prophylactic product in their claims history.

Number of unique members from original study	138
Number of unique members that changed therapy	55
Number of unique members that did not change therapy	78
Number of members who lost Medicaid eligibility since 9/1/2010	5

Number of surveys sent to prescribers	135	Number of surveys received from prescribers	74	Percent of surveys from prescribers	54.81%
Number of surveys sent to pharmacies	130	Number of surveys received from pharmacies	48	Percent of surveys from pharmacies	36.92%
Total number of surveys sent	265	Total number of surveys received	122	Percent of surveys received	46.04%

Costs (pre-rebate)	Original Costs (6/1/2010-8/31/2010) *	Costs After DUR Intervention (3/15/2011 -6/15/2011) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$34,653.42	\$21,935.22	\$12,718.20	\$50,872.80
Total Dollars State	\$13,111.46	\$9,984.49	\$3,126.97	\$12,507.88
Total Dollars (State and Federal)	\$47,764.88	\$31,919.71	\$15,845.17	\$63,380.68

* Federal FMAP: 0.7255 State FMAP: 0.2745

** Federal FMAP: 0.6872 State FMAP: 0.3128

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 1/1/2011 and 6/30/2011
Members with Hepatitis C Diagnosis

Purpose: Follow-up on the 675 unique members identified as having a new diagnosis of Hepatitis C who were not receiving treatment.

Number of unique members from original study	675
Number of unique members that added therapy	4
Number of unique members that did not change therapy	671
Number of members who lost Medicaid eligibility since 1/1/2011	0

Number of surveys sent to prescribers	1,444	Number of surveys received from prescribers	557	Percent of surveys from prescribers	38.57%
Number of surveys sent to pharmacies	0	Number of surveys received from pharmacies	0	Percent of surveys from pharmacies	0.00%
Total number of surveys sent	1,444	Total number of surveys received	557	Percent of surveys received	38.57%

Costs (pre-rebate)	Costs of New Therapy (01/01/2011 -06/30/2011) **	Annualized Cost of New Therapy ***
Total Dollars Federal	\$32,050.38	\$64,100.77
Total Dollars State	\$14,588.71	\$29,177.41
Total Dollars (State and Federal)	\$46,639.09	\$93,278.18

* Federal FMAP: 0.6712 State FMAP: 0.3288

** Federal FMAP: 0.6872 State FMAP: 0.3128

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 04/01/2010 and 09/30/2010
Chronic Antibiotic Usage

Purpose: Follow-up on the unique members identified as using antibiotics chronically (for greater than 90 days).

Number of unique members from original study	263
Number of unique members that changed therapy	91
Number of unique members that did not change therapy	172
Number of members who lost Medicaid eligibility since 10/1/2010	0

Number of surveys sent to prescribers	538	Number of surveys received from prescribers	275	Percent of surveys from prescribers	51.12%
Number of surveys sent to pharmacies	344	Number of surveys received from pharmacies	129	Percent of surveys from pharmacies	37.50%
Total number of surveys sent	882	Total number of surveys received	404	Percent of surveys received	45.80%

Costs (pre-rebate)	Original Costs (04/01/2010-09/30/2010) *	Costs After DUR Intervention (02/01/2011 -07/31/2011) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$53,416.30	\$22,315.28	\$31,101.02	\$62,202.04
Total Dollars State	\$20,210.58	\$11,145.93	\$9,064.65	\$18,129.30
Total Dollars (State and Federal)	\$73,626.88	\$33,461.21	\$40,165.67	\$80,331.34

* Federal FMAP: 0.7255 State FMAP: 0.2745

** Federal FMAP: 0.6669 State FMAP: 0.3331

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 11/1/2009 and 10/31/2010
Promethazine Prescribers - Members < 2 years old

Purpose: Follow-up on the prescribers identified as prescribing promethazine-containing products to members less than 2 years of age.

Number of unique prescribers from original study	39
Number of unique prescribers that added therapy	0
Number of unique prescribers that did not change therapy	3
Number of members who lost Medicaid eligibility since 11/1/2010	0

Number of surveys sent to prescribers	44	Number of surveys received from prescribers	19	Percent of surveys from prescribers	43.18%
Number of surveys sent to pharmacies	44	Number of surveys received from pharmacies	15	Percent of surveys from pharmacies	34.09%
Total number of surveys sent	88	Total number of surveys received	34	Percent of surveys received	38.64%

	Pre-Intervention (11/01/2009 - 10/31/2010)	Post-Intervention (02/01/2011 -07/31/2011) **
Unique Prescribers	39	3
Unique Members	63	9



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 12/01/2010 and 01/31/2011
Duplicate SSRIs

Purpose: Follow-up on the unique members identified as taking two different SSRIs for two or more consecutive months.

Number of unique members from original study	22
Number of unique members that changed therapy	7
Number of unique members that did not change therapy	11
Number of members who lost Medicaid eligibility since 2/1/2011	4

Number of surveys sent to prescribers	31	Number of surveys received from prescribers	15	Percent of surveys from prescribers	48.39%
Number of surveys sent to pharmacies	31	Number of surveys received from pharmacies	10	Percent of surveys from pharmacies	32.26%
Total number of surveys sent	62	Total number of surveys received	25	Percent of surveys received	40.32%

Costs (pre-rebate)	Original Costs (12/01/2010-01/31/2011) *	Costs After DUR Intervention (06/01/2011 -08/31/2011) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$2,012.15	\$1,353.69	\$490.96	\$1,963.83
Total Dollars State	\$817.28	\$722.68	\$262.10	\$1,048.41
Total Dollars (State and Federal)	\$2,829.43	\$2,076.37	\$753.06	\$3,012.24

* Federal FMAP: 0.7111 State FMAP: 0.2889

** Federal FMAP: 0.6519 State FMAP: 0.3480

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Long Acting Beta Agonists in Asthma

Purpose: Follow-up on the unique members with a diagnosis of asthma identified as using a single ingredient inhaled long-acting beta agonist without the use of an inhaled corticosteroid.

Number of unique members from original study

8

Number of unique members that changed therapy

4

Number of unique members that did not change therapy

4

Number of members who lost Medicaid eligibility since 1/1/2011

0

Number of surveys sent to prescribers

7

Number of surveys received from prescribers

2

Percent of surveys from prescribers

28.57%

Number of surveys sent to pharmacies

8

Number of surveys received from pharmacies

2

Percent of surveys from pharmacies

25.00%

Total number of surveys sent

15

Total number of surveys received

4

Percent of surveys received

26.67%

Costs (pre-rebate)	Original Costs (07/01/2010-12/31/2010) *	Costs After DUR Intervention (07/01/2011 -12/31/2011) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$5,348.71	\$4,254.60	\$291.99	\$583.98
Total Dollars State	\$2,023.74	\$2,644.38	\$181.48	\$362.96
Total Dollars (State and Federal)	\$7,372.45	\$6,898.98	\$473.47	\$946.94

* Federal FMAP: 0.7255 State FMAP: 0.2745

** Federal FMAP: 0.6167 State FMAP: 0.3833

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Antidepressant Use in Children

Purpose: Follow-up on the unique members aged 0 through 17 that had a claim for an antidepressant in October 2010 but did not have any mental health diagnosis in their medical claims to support its use.

Number of unique members from original study	297
Number of unique members that changed therapy	199
Number of unique members that did not change therapy	98
Number of members who lost Medicaid eligibility since 11/1/2010	0

Number of surveys sent to prescribers	299	Number of surveys received from prescribers	188	Percent of surveys from prescribers	62.88%
Number of surveys sent to pharmacies	299	Number of surveys received from pharmacies	105	Percent of surveys from pharmacies	35.12%
Total number of surveys sent	598	Total number of surveys received	293	Percent of surveys received	49.00%

Costs (pre-rebate)	Original Costs (10/01/2010-10/31/2010) *	Costs After DUR Intervention (10/01/2011 -10/31/2011) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$2,983.97	\$966.67	\$1,530.32	\$18,363.88
Total Dollars State	\$1,129.01	\$625.60	\$990.39	\$11,884.64
Total Dollars (State and Federal)	\$4,112.98	\$1,592.27	\$2,520.71	\$30,248.52

* Federal FMAP: 0.7255 State FMAP: 0.2745

** Federal FMAP: 0.6071 State FMAP: 0.3929

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Members on the Beer's Criteria List

Purpose: Follow-up on the unique members aged 65 years and older that were using at least one drug from the Beer's List that is considered to always be avoided (phenobarbital, flurazepam, butabarbital, mephobarbital).

Number of unique members from original study	125
Number of unique members that changed therapy	24
Number of unique members that did not change therapy	81
Number of members who lost Medicaid eligibility since 2/1/2011	20

Number of surveys sent to prescribers	119	Number of surveys received from prescribers	49	Percent of surveys from prescribers	41.18%
Number of surveys sent to pharmacies	119	Number of surveys received from pharmacies	56	Percent of surveys from pharmacies	47.06%
Total number of surveys sent	238	Total number of surveys received	105	Percent of surveys received	44.12%

Costs (pre-rebate)	Original Costs (11/01/2010-01/31/2011) *	Costs After DUR Intervention (11/01/2011 -01/31/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$2,023.93	\$1,685.26	\$42.54	\$170.16
Total Dollars State	\$822.06	\$1,090.66	\$27.53	\$110.12
Total Dollars (State and Federal)	\$2,845.99	\$2,775.92	\$70.07	\$280.28

* Federal FMAP: 0.7111 State FMAP: 0.2889

** Federal FMAP: 0.6071 State FMAP: 0.3929

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Serotonin Syndrome

Purpose: Follow-up on the unique members identified as taking a combination of medications that can cause serotonin syndrome.

Number of unique members from original study	872
Number of unique members that changed therapy	299
Number of unique members that did not change therapy	430
Number of members who lost Medicaid eligibility since 2/1/2011	143

Number of surveys sent to prescribers	1,283	Number of surveys received from prescribers	547	Percent of surveys from prescribers	42.63%
Number of surveys sent to pharmacies	1,279	Number of surveys received from pharmacies	350	Percent of surveys from pharmacies	27.37%
Total number of surveys sent	2,562	Total number of surveys received	897	Percent of surveys received	35.01%

Costs (pre-rebate)	Original Costs (11/01/2010-01/31/2011) *	Costs After DUR Intervention (11/01/2011 -01/31/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$207,859.14	\$132,570.04	\$44,876.75	\$179,507.01
Total Dollars State	\$84,426.79	\$85,796.02	\$29,043.12	\$116,172.47
Total Dollars (State and Federal)	\$292,285.93	\$218,366.06	\$73,919.87	\$295,679.48

* Federal FMAP: 0.7111 State FMAP: 0.2889

** Federal FMAP: 0.6071 State FMAP: 0.3929

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Bipolar Disorder

Purpose: Follow-up on the unique members with a diagnosis of bipolar disorder that were taking an antidepressant without a mood stabilizer or antipsychotic

Number of unique members from original study	407
Number of unique members that changed therapy	121
Number of unique members that did not change therapy	222
Number of members who lost Medicaid eligibility since 1/1/2011	64

Number of surveys sent to prescribers	560	Number of surveys received from prescribers	227	Percent of surveys from prescribers	40.54%
Number of surveys sent to pharmacies	560	Number of surveys received from pharmacies	138	Percent of surveys from pharmacies	24.64%
Total number of surveys sent	1,120	Total number of surveys received	365	Percent of surveys received	32.59%

Costs (pre-rebate)	Original Costs (07/01/2010-12/31/2010) *	Costs After DUR Intervention (09/01/2011 -02/29/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$100,895.45	\$112,856.80	(\$27,092.19)	(\$54,184.38)
Total Dollars State	\$38,174.78	\$70,144.34	(\$16,838.72)	(\$33,677.44)
Total Dollars (State and Federal)	\$139,070.23	\$183,001.14	(\$43,930.91)	(\$87,861.82)

* Federal FMAP: 0.7255 State FMAP: 0.2745

** Federal FMAP: 0.6167 State FMAP: 0.3833

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Topiramate and Birth Defects (with Seizure diagnosis)

Purpose: Follow-up on the unique female members of childbearing age that were using topiramate.

Number of unique members from original study	104
Number of unique members that changed therapy	60
Number of unique members that did not change therapy	30
Number of members who lost Medicaid eligibility since 3/1/2011	14
Number of members who added a Contraceptive	2
Number of members who added a different Anticonvulsant	49

Number of surveys sent to prescribers	110	Number of surveys received from prescribers	62	Percent of surveys from prescribers	56.36%
Number of surveys sent to pharmacies	110	Number of surveys received from pharmacies	30	Percent of surveys from pharmacies	27.27%
Total number of surveys sent	220	Total number of surveys received	92	Percent of surveys received	41.82%

Costs (pre-rebate)	Original Costs (12/01/2010 - 02/28/2011) *	Costs After DUR Intervention (12/01/2011 - 02/29/2012) **	Alternative Drug Cost (12/01/2011 - 02/29/2012)	Annualized Cost Savings ***
Total Dollars Federal	\$36,945.38	\$19,722.23	\$11,192.83	\$2,499.02
Total Dollars State	\$15,006.22	\$12,763.74	\$7,243.72	\$1,617.30
Total Dollars (State and Federal)	\$51,951.60	\$32,485.97	\$18,436.55	\$4,116.32

* Federal FMAP: 0.7111 State FMAP: 0.2889

** Federal FMAP: 0.6071 State FMAP: 0.3929

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Topiramate and Birth Defects (no Seizure diagnosis)

Purpose: Follow-up on the unique female members of childbearing age that were using topiramate.

Number of unique members from original study	186
Number of unique members that changed therapy	76
Number of unique members that did not change therapy	65
Number of members who lost Medicaid eligibility since 3/1/2011	45
Number of members who added a Contraceptive	6
Number of members who added a different Anticonvulsant	39

Number of surveys sent to prescribers	200	Number of surveys received from prescribers	94	Percent of surveys from prescribers	47.00%
Number of surveys sent to pharmacies	200	Number of surveys received from pharmacies	53	Percent of surveys from pharmacies	26.50%
Total number of surveys sent	400	Total number of surveys received	147	Percent of surveys received	36.75%

Costs (pre-rebate)	Original Costs (12/01/2010 - 02/28/2011) *	Costs After DUR Intervention (12/01/2011 - 02/29/2012) **	Alternative Drug Cost (12/01/2011 - 02/29/2012)	Annualized Cost Savings ***
Total Dollars Federal	\$7,281.14	\$5,311.56	\$868.80	\$141.84
Total Dollars State	\$2,957.41	\$3,437.51	\$562.27	\$91.80
Total Dollars (State and Federal)	\$10,238.55	\$8,749.07	\$1,431.07	\$233.64

* Federal FMAP: 0.7111 State FMAP: 0.2889

** Federal FMAP: 0.6071 State FMAP: 0.3929

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims

Aspirin with Ibuprofen/Naproxen

Purpose: Follow-up on the unique members using aspirin daily that also had a claim(s) for naproxen or ibuprofen within 30 days of a fill for aspirin.

Number of unique members from original study	43
Number of unique members that changed therapy	15
Number of unique members that did not change therapy	24
Number of members who lost Medicaid eligibility since 10/6/2011	4

Number of surveys sent to prescribers	48	Number of surveys received from prescribers	14	Percent of surveys from prescribers	29.17%
Number of surveys sent to pharmacies	48	Number of surveys received from pharmacies	15	Percent of surveys from pharmacies	31.25%
Total number of surveys sent	96	Total number of surveys received	29	Percent of surveys received	30.21%

Costs (pre-rebate)	Original Costs (08/05/2011-10/05/2011) *	Costs After DUR Intervention (02/01/2012 -03/31/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$529.71	\$320.55	\$200.91	\$1,205.48
Total Dollars State	\$329.23	\$207.45	\$130.03	\$780.16
Total Dollars (State and Federal)	\$858.94	\$528.00	\$330.94	\$1,985.64

* Federal FMAP: 0.6167 State FMAP: 0.3833

** Federal FMAP: 0.6071 State FMAP: 0.3929

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY **Based on Iowa Paid Non-Reversed Claims** **Aspirin/NSAIDS & GI Protection**

Purpose: Follow-up on the unique members using aspirin daily that also had a claim(s) for any NSAID within the same 30 day time frame as a fill for aspirin that also had a diagnosis of GERD or PUD without adequate GI protection.

Number of unique members from original study	32
Number of unique members that changed therapy	18
Number of unique members that did not change therapy	13
Number of members who lost Medicaid eligibility since 5/1/2011	1

Number of surveys sent to prescribers	44	Number of surveys received from prescribers	13	Percent of surveys from prescribers	29.55%
Number of surveys sent to pharmacies	44	Number of surveys received from pharmacies	8	Percent of surveys from pharmacies	18.18%
Total number of surveys sent	88	Total number of surveys received	21	Percent of surveys received	23.86%

Costs (pre-rebate)	Original Costs (02/01/2011-04/30/2011) *	Costs After DUR Intervention (02/01/2012 -04/30/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$2,879.36	\$1,102.95	\$1,440.79	\$5,763.18
Total Dollars State	\$1,310.63	\$713.80	\$932.45	\$3,729.78
Total Dollars (State and Federal)	\$4,189.99	\$1,816.75	\$2,373.24	\$9,492.96

* Federal FMAP: 0.6872 State FMAP: 0.3128

** Federal FMAP: 0.6071 State FMAP: 0.3929

*** Annualized Cost Savings is based on the reported interval.

Appendix G

Prior Auth Recommendations

2011-2012 Therapeutic Prior Authorization Criteria Review

During the fiscal year ending 2012, the Commission reviewed the following categories of medications covered under the prior authorization program.

The following criteria were reviewed with recommended changes:

- Nicotine Replacement Therapy – Modifications were made to include legend nicotine nasal spray and oral inhaler products requiring previous trials and intolerance with a preferred oral and preferred topical nicotine replacement product.
- Palivizumab (*Synagis*) – Modifications were made to adopt the full 2009 AAP Guidelines for patients less than 3 months of age at the start of therapy or born during RSV season with a gestational age of 32 through 34 weeks with one of two risk factors (day care attendance or siblings less than 5 years of age in the household). Doses limited to a maximum of 3 doses or until the patient reaches 90 days of age, whichever comes first.
- Oxycodone ER/CR (*OxyContin*) – Modifications were made to require 1) previous trials and therapy failures with two chemically distinct preferred long-acting narcotics, and 2) a trial and therapy failure with fentanyl patch at maximum tolerated dose, and 3) a signed chronic opioid therapy management plan, and 4) prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website, and 5) requests will only be considered for 12 hour dosing.
- Topical Anti-Acne Products – Modifications were made to require trials and therapy failures with two preferred topical agents of a different chemical entity.
- Topical Retinoids for Acne (formerly known as Tretinoin Products) - Modifications were made to require trials and therapy failures with two preferred topical and/or oral antibiotics.
- Benzodiazepines – Modifications were made to add criteria for the use of ONFI for the diagnosis of LGS in patients 2 years of age and older when used as an adjunct.
- Chronic Pain Syndromes – Modifications were made to add the diagnosis of chronic musculoskeletal pain with trials with at least three drugs from three distinct therapeutic classes (NSAIDs, opioids, tramadol, or TCAs).
- Erythropoiesis Stimulating Agents – Modifications were made to require a Hgb less than 10g/dL for initial treatment and a Hgb less than 11g/dL (or less than 10g/dL for patients with CKD not on dialysis) for renewals.
- Sedative/Hypnotics Non-Benzodiazepines – Modifications were made allowing preferred agents at 30 tablets per 30 days without prior authorization. Non-preferred agents require trial with zaleplon prior to consideration of other non-preferred agents.

The following are new classes for which clinical prior authorization criteria were developed and recommended:

- Colchicine (*Colcrys*) – Prior authorization criteria was developed and accepted to require 1) a diagnosis of chronic hyperuricemia/gout prophylaxis with a trial and therapy failure at a therapeutic dose with allopurinol or probenecid or 2) a diagnosis of Familial Mediterranean fever. No prior authorization is needed for the treatment of acute gout for three (3) tablets per 60-day period.
- Fingolimod (*Gilenya*) – Prior authorization criteria was developed and accepted to require a diagnosis of relapsing forms of multiple sclerosis and a previous trial and therapy failure with a preferred interferon and non-interferon used to treat multiple sclerosis.
- Hepatitis C Protease Inhibitors – Prior authorization criteria was developed and accepted to require 1) a diagnosis of hepatitis C genotype 1, and 2) patient is 18 years of age or older, and 3) administered in combination with peginterferon alfa and ribavirin, and 4) for telaprevir - HCV-RNA results are required at treatment week 4 with additional prior authorization considered with documentation of response to treatment and a maximum of 12 weeks of therapy allowed, or 5) for boceprevir – HCV-RNA results are required at treatment week 8, 12, and 24 (including the lead in period) and patient must not be a prior null responder to standard treatment with additional prior authorizations considered with documentation of response to treatment and a maximum of 24, 32, or 40 weeks of therapy based on response.
- Dextromethorphan/Quinidine (*Nuedexta*) – Prior authorization criteria was developed and accepted to require a diagnosis of pseudobulbar affect secondary to amyotrophic lateral sclerosis or multiple sclerosis. Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment with additional prior authorizations considered at 6 month intervals to assess the benefit to the patient as measured by a 20% improvement in the T25FW from baseline.
- Roflumilast (*Daliresp*) – Prior authorization criteria was developed and accepted to require patients to be 18 years of age or older with a diagnosis of severe COPD with chronic bronchitis as documented by spirometry results, a smoking history of ≥ 20 pack-years, currently on a long-acting bronchodilator in combination with an inhaled corticosteroid with documentation of inadequate control of symptoms and a history of at least one exacerbation in the past year requiring treatment with oral glucocorticosteroids.
- Nebivolol (*Bystolic*) – Prior authorization criteria was developed and accepted to require documented trials and therapy failures with two preferred cardio-selective beta-blockers of a different chemical entity at a therapeutic dose.
- Vilazodone (*Viibryd*) – Prior authorization criteria was developed and accepted to require 1) a diagnosis of Major Depressive Disorder and patient is ≥ 18 years of age, and 2) documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SSRI, and 3) documentation of a previous trial and therapy failure at a therapeutic

dose with one preferred generic SNRI, and 4) documentation of a previous trial and therapy failure at a therapeutic dose with an additional generic antidepressant from any class.

- Crizotinib (*Xalkori*) – Prior authorization criteria was developed and accepted to require a diagnosis of locally advanced or metastatic non-small cell lung cancer that is anaplastic lymphoma kinase-positive as detected by an FDA-approved test and is prescribed by an oncologist.
- Ivacaftor (*Kalydeco*) – Prior authorization criteria was developed and accepted to require 1) patient is 6 years of age or older, and 2) a diagnosis of cystic fibrosis with a G551D mutation in the CFTR gene as detected by a FDA-cleared CF mutation test, and 3) prescriber is a CF specialist or pulmonologist, and 4) patient does not have *Burkholderia cenocepacia*, *dolosa*, or *Mycobacterium abscessus*.

No recommendations were made to remove criteria during the 2012 state fiscal year.



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

August 4, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, August 3, 2011. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Colchicine (Colcrys®) and Fingolimod (Gilenya™). The following recommendations have been made by the DUR Commission:

No comments were received from the medical associations in response to an April 8, 2011 letter that was sent to them detailing the proposed Colchicine (Colcrys®) and Fingolimod (Gilenya™) criteria. The DUR Commission recommends the following criteria be considered for implementation:

Colchicine (Colcrys®)

Newly Proposed PA Criteria:

Prior authorization is not required for colchicine (Colcrys®) for the treatment of acute gout for three (3) tablets per 60-day period. Prior authorization is required for colchicine (Colcrys®) for the treatment of chronic hyperuricemia/gout prophylaxis or Familial Mediterranean fever. Payment will be considered under the following conditions:

1. Chronic hyperuricemia/gout prophylaxis following a trial and therapy failure at a therapeutic dose with allopurinol or probenecid. A quantity limit of sixty (60) tablets per thirty (30) days will be applied, when criteria for coverage for chronic hyperuricemia or gout prophylaxis are met.
2. Familial Mediterranean fever. A maximum quantity limit of 120 tablets per thirty (30) days will be applied for this diagnosis.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Fingolimod (Gilenya™)

Newly Proposed PA Criteria:

A prior authorization is required for fingolimod (Gilenya™). Payment will be considered under the following conditions:

1. A diagnosis of relapsing forms of multiple sclerosis, AND
2. A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.

The required trial may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Colchicine (Colcrys®) and Fingolimod (Gilenya™).

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." The signature is written in a cursive, flowing style.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Sandy Pranger, R.Ph., IME
Erin Halverson, R.Ph., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

October 7, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, October 5, 2011. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Palivizumab (Synagis[®]), Oxycodone ER/CR (OxyContin[®]), Hepatitis C Protease Inhibitors (Victrelis[™] and Incivek[™]) and Nicotine Replacement Therapy. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations in response to an August 4, 2011 letter that was sent to them detailing the proposed Palivizumab (Synagis[®]), Oxycodone ER/CR (OxyContin[®]) and Hepatitis C Protease Inhibitors (Victrelis[™] and Incivek[™]) criteria. Additionally, the DUR Commission reviewed proposed prior authorization criteria for Nicotine Replacement Therapy. Section 4107 of HR 3590 mandates coverage of all approved nicotine replacement therapy products for pregnant women. Prescription nicotine nasal spray and nicotine inhaler will be added to the list of covered products for all Iowa Medicaid members for simplicity of administration effective November 1, 2011. The DUR Commission recommends the following criteria be considered for implementation:

Palivizumab (Synagis[®])

Changes are italicized:

Prior authorization is required for therapy with palivizumab. Prior authorizations will be approved for a maximum of five doses per patient. No allowances will be made for a sixth dose. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD)

- Patient is less than 24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia) requiring medication (bronchodilator, corticosteroid, or diuretic therapy) or oxygen within six months before the anticipated start of RSV season.

Prematurity

- Patient is less than 12 months of age at start of therapy with a gestational age *less than 29 weeks*.
- Patient is less than 6 months of age at start of therapy with a gestational age *of 29 weeks through 31 weeks*.
- Patient is less than 3 months of age at start of therapy *or born during the RSV season* with a gestational age *of 32 weeks through 34 weeks* and has *one of two risk factors*. Risk factors include: *day care attendance or siblings less than 5 years of age in household*. *Doses will be limited to a maximum of 3 doses or until patient reaches 90 days of age, whichever comes first.*

Severe Neuromuscular Disease or Congenital Abnormalities

- *Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital abnormalities of the airway that compromises handling of respiratory secretions.*

Congenital Heart Disease (CHD)

- Patient is less than 24 months of age at start of therapy and has hemodynamically significant congenital heart disease further defined by any of the following: Receiving medication to control congestive heart failure, moderate to severe pulmonary hypertension, or cyanotic congenital heart disease.

Severe Immunodeficiency

- Patient is less than 24 months of age at start of therapy and has severe immunodeficiencies (e.g., severe combined immunodeficiency or advanced acquired immunodeficiency syndrome).

Oxycodone ER/CR (OxyContin®)

Changes are italicized:

Extended release oxycodone/OxyContin® is non-preferred except for patients being treated for cancer related pain. Prior authorization at any dose twice daily for cancer related pain will be approved. For all other diagnoses, *payment will be considered under the following conditions:*

1. *There is documentation of previous trials and therapy failures with two (2) chemically distinct preferred long-acting narcotics (such as an extended-release morphine sulfate and methadone) at therapeutic doses, and*
2. *A trial and therapy failure with fentanyl patch at maximum tolerated dose, and*
3. *A signed chronic opioid therapy management plan between the prescriber and patient must be included with the prior authorization, and*
4. *The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/> prior to requesting prior authorization.*
5. *Requests will only be considered for 12 hour dosing.*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Hepatitis C Protease Inhibitors

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:

- 1. A diagnosis of hepatitis C genotype 1, and*
- 2. Patient is 18 years of age or older, and*
- 3. Administered in combination with peginterferon alfa and ribavirin.*
- 4. HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™). Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels. A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).*
- 5. HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™) and patient must not be a prior null responder to standard treatment. Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels. Prior authorizations will be approved for a maximum of 24, 32, or 40 weeks of therapy with boceprevir (Victrelis™) based on response.*

Nicotine Replacement Therapy

Changes italicized:

Prior Authorization is required for over-the-counter nicotine replacement patches, nicotine gum or nicotine lozenges, and prescription nicotine nasal spray or nicotine inhaler. Requests for authorization must include:

- 1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.*
- 2) Confirmation of enrollment in the Quitline Iowa counseling program is required for approval.*
- 3) Approvals will only be granted for patients eighteen years of age and older.*
- 4) The maximum allowed duration of therapy is twelve weeks total combined therapy within a twelve-month period.*
- 5) Patients may receive nicotine replacement patches in combination with one of the oral nicotine replacement products (gum or lozenges). A maximum quantity of 14 nicotine replacement patches and/or 110 pieces of nicotine gum or 144 nicotine lozenges may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and/or 330 pieces of nicotine gum or 288 nicotine lozenges. Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline Iowa program.*
- 6) Requests for non-preferred nicotine replacement products will be considered after documentation of previous trials and intolerance with a preferred oral and preferred topical nicotine replacement product. A maximum quantity of 168 nicotine inhalers or 40ml nicotine nasal spray may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at 336 nicotine inhalers or 80 ml of nicotine nasal spray.*
- 7) The 72-hour emergency supply rule does not apply for drugs used for the treatment of smoking cessation.*

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Palivizumab (Synagis[®]), Oxycodone ER/CR (OxyContin[®]), Hepatitis C Protease Inhibitors (Victrelis[™] and Incivek[™]) and Nicotine Replacement Therapy.

Sincerely,

A handwritten signature in cursive script that reads "Paula Smith R.Ph.".

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D.



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

December 8, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, December 7, 2011. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Anti-Acne Products - Topical, Topical Retinoids for Acne, Dextromethorphan and Quinidine (Nuedexta™) and Roflumilast (Daliresp™). Additionally, the DUR Commission members discussed placing ProDUR edits on Sinecatechins (Veregen®) and Letrozole (Femara®). The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations in response to an October 7, 2011 letter that was sent to them detailing the proposed Anti-Acne Products - Topical, Topical Retinoids for Acne, Dextromethorphan and Quinidine (Nuedexta™) and Roflumilast (Daliresp™) criteria.

Anti-Acne Products - Topical

Changes are italicized:

Prior authorization is required for all prescription topical acne products. *Payment for the treatment of mild to moderate acne vulgaris will be considered under the following conditions:*

1. *Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, which is covered by the program without prior authorization.*
2. *Payment for non-preferred topical acne products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred topical agents of a different chemical entity.*
3. *If the patient presents with a preponderance of comedonal acne, topical retinoid products may be utilized as first line agents with prior authorization (use Topical Retinoids PA form).*

4. Requests for non-preferred combination products may only be considered after documented separate trials and therapy failures with the individual ingredients. *The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

Topical Retinoids for Acne

Changes are italicized:

Prior authorization is required for all *prescription topical retinoid products*. Payment for *prescription topical retinoid products* will be considered under the following conditions:

1. *Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, AND*
2. *Previous trials and therapy failures with two preferred topical and/or oral antibiotics for the treatment of mild to moderate acne (non-inflammatory and inflammatory), and drug-induced acne.*
3. Payment for non-preferred *topical retinoid*-products will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.
4. Trials and therapy failure will not be required for those patients presenting with a preponderance of comedonal acne.
5. Skin cancer, lamellar ichthyosis, and Darier's disease diagnoses will receive automatic approval for lifetime use of *topical retinoid* products.
6. Requests for *non-preferred* combination products *may* only be considered after documentation of separate trials *and therapy failures with the individual ingredients*.
7. *Requests for Tazorac for a psoriasis diagnosis may only be considered after documentation of a previous trial and therapy failure with a preferred topical antipsoriatic agent.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dextromethorphan and Quinidine (Nuedexta™)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for Nuedexta™. Payment will be considered under the following conditions:

1. Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS).
2. A trial and therapy failure at a therapeutic dose with amitriptyline or an SSRI.
3. Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Lability Scale (CNS-LS) questionnaire.
4. Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.

Roflumilast (Daliresp™)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for roflumilast (Daliresp™). Payment will be considered for patients 18 years of age or older when the following is met:

1. A diagnosis of severe COPD with chronic bronchitis as documented by spirometry results, and
2. A smoking history of ≥ 20 pack-years, and
3. Currently on a long-acting bronchodilator in combination with an inhaled corticosteroid with documentation of inadequate control of symptoms, and
4. A history of at least one exacerbation in the past year requiring treatment with oral glucocorticosteroids.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

In response to the Pharmaceutical and Therapeutics (P&T) Committee's recommendation for the DUR Commission to develop quantity limits for Sinecatechins (Veregen[®]), the DUR Commission recommends placing ProDUR edits on Sinecatechins (Veregen[®]) limiting its use to members 18 years of age and older, a maximum quantity of 15 grams per 28 days and a maximum duration of treatment of 16 weeks per 12 months. Due to the potential off-label use of Letrozole (Femara[®]) for ovulation induction or delayed puberty, the DUR Commission also recommends placing a ProDUR edit on Letrozole (Femara[®]) limiting its use to members 50 years of age and older.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Anti-Acne Products - Topical, Topical Retinoids for Acne, Dextromethorphan and Quinidine (Nuedexta[™]) and Roflumilast (Daliresp[™]) and the ProDUR edits on Sinecatechins (Veregen[®]) and Letrozole (Femara[®]).

Sincerely,

A handwritten signature in cursive script that reads "Paula Smith R.Ph.".

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

February 2, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, February 1, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Nebivolol (*Bystolic*[®]) and Vilazodone (*Viibryd*[™]). Additionally, the DUR Commission members discussed placing ProDUR edits on the following: 1) Payable OTC pseudoephedrine products; 2) Payable OTC dextromethorphan/guaifenesin syrup; 3) Sucralfate tablets; 4) Clobazam (*Onfi*[™]); and 5) Duplicate short-acting narcotics. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a December 8, 2011 letter that was sent to them detailing the proposed Nebivolol (*Bystolic*[®]) and Vilazodone (*Viibryd*[™]) criteria.

Nebivolol (*Bystolic*[®])

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for Bystolic[®]. Payment will be considered in cases where there are documented trials and therapy failures with two preferred cardio-selective beta-blockers of a different chemical entity at a therapeutic dose. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Vilazodone (*Viibryd*[™])

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for Viibryd[™]. Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered for patients when the following criteria are met:

1. The patient has a diagnosis of Major Depressive Disorder (MDD) and is 18 years of age or older; and
2. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SSRI; and
3. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SNRI; and
4. Documentation of a previous trial and therapy failure at a therapeutic dose with one generic antidepressant from any class.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

In addition to the above prior authorization criteria recommendations, the DUR Commission made the following ProDUR edit recommendations:

1. Payable OTC pseudoephedrine – A quantity limit of 72 tablets (both 30mg and 60mg tablets) and 240ml of the syrup per 30 days, for up to 90 days per rolling 12-month period.
2. Payable OTC dextromethorphan/guaifenesin 10-100mg syrup – A quantity limit of 240ml per 30 days, for up to 90 days per rolling 12-month period.
3. Sucralfate tablets – A quantity limit of 120 tablets (4g/day) per 30 days for a cumulative 60-days therapy after which a quantity limit of 60 tablets (2g/day) per 30 days, per rolling 12-month period.
4. Clobazam (Onfi™) – A quantity limit of 60 tablets per 30 days for all strengths.
5. Short-acting narcotics – A duplicate therapy edit to prevent use of multiple short-acting narcotics concurrently.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Nebivolol (*Bystolic*®) and Vilazodone (*Viibryd*™) and the ProDUR edits on payable OTC pseudoephedrine products, payable OTC dextromethorphan/guaifenesin syrup, sucralfate tablets, clobazam (*Onfi*™), and duplicate short-acting narcotics.

Sincerely,

A handwritten signature in cursive script that reads "Paula Smith R.Ph.".

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

April 5, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, April 4, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Erythropoiesis Stimulating Agents and Benzodiazepines. Additionally, the DUR Commission members discussed placing the following ProDUR edits on antipsychotics: 1) an age edit on risperidone for members less than five (5) years of age; 2) an age edit on all other antipsychotics for members less than six (6) years of age; 3) a duplicate therapy edit on all antipsychotics for members 0 through 17 years of age; and 4) quantity limits on risperidone, *Latuda* and *Zyprexa*. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a February 2, 2012 letter that was sent to them detailing the proposed Erythropoiesis Stimulating Agents and Benzodiazepines criteria.

Erythropoiesis Stimulating Agents

Changes are italicized:

Prior authorization is required for erythropoiesis stimulating agents prescribed for outpatients for the treatment of anemia. Payment for non-preferred erythropoiesis stimulating agents will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.

Patients who meet all of the following criteria may receive prior authorization for the use of erythropoiesis stimulating agents:

1. Hemoglobin less than 10g/dL. If renewal of prior authorization is being requested, a hemoglobin less than 11g/dL (or less than 10g/dL for patients with Chronic Kidney Disease (CKD) not on dialysis) will be required for continued treatment. Hemoglobin laboratory values must be dated within four weeks of the prior

- authorization request.
2. Transferrin saturation greater than or equal to 20 percent (transferrin saturation is calculated by dividing serum iron by the total iron binding capacity), ferritin levels greater than or equal to 100 mg/ml, or on concurrent therapeutic iron therapy. Transferrin saturation or ferritin levels must be dated within three months of the prior authorization request.
 3. For HIV-infected patients, the endogenous serum erythropoietin level must be less than or equal to 500 mU/ml to initiate therapy.
 4. No evidence of untreated GI bleeding, hemolysis, or Vitamin B-12, iron or folate deficiency.

Benzodiazepines

Changes are italicized:

Prior authorization is required for non-preferred benzodiazepines. Payment for non-preferred benzodiazepines will be authorized in cases with documentation of previous trial and therapy failure with two preferred products. *Requests for clobazam (ONFI) will be considered for a diagnosis of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age and older when used as an adjunctive treatment.* Prior authorization will be approved for up to 12 months for documented:

1. Generalized anxiety disorder.
2. Panic attack with or without agoraphobia.
3. Seizure.
4. Non-progressive motor disorder.
5. Dystonia.

If a long-acting medication is requested, one of the therapeutic trials must include the immediate release form of the requested benzodiazepine. Prior authorization requests will be approved for up to a three-month period for all other diagnoses related to the use of benzodiazepines. *The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.*

In addition to the above prior authorization criteria recommendations, the DUR Commission made the following ProDUR edit recommendations:

1. Age edit on risperisone for members less than five (5) years of age.
2. Age edit on all other antipsychotics for members less than six (6) years of age.
3. Duplicate therapy edit on all antipsychotics for members 0 through 17 years of age.
4. Quantity limit on the following antipsychotics per 30 days:

Drug Name	Quantity Limit
Risperidone 1mg	60
Risperidone 2mg	60
<i>Zyprexa 15mg</i>	30
<i>Zyprexa 20mg</i>	30
<i>Latuda 40mg</i>	30
<i>Latuda 80mg</i>	30

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Erythropoiesis Stimulating Agents and Benzodiazepines and the following ProDUR edits: 1) an age edit on risperisone for members less than five (5) years of age; 2) an age edit on all other antipsychotics for members

less than six (6) years of age; 3) a duplicate therapy edit on all antipsychotics for members 0 through 17 years of age; and 4) quantity limits on risperidone, *Latuda* and *Zyprexa*.

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." The signature is written in a cursive, flowing style.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

June 6, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, June 6, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Chronic Pain Syndromes; Sedative/Hypnotics Non-Benzodiazepines; Ivacaftor (Kalydeco™); Lost, Stolen or Destroyed Medication Early Refill Overrides; and Crizotinib (Xalkori®). The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations and Iowa Medicaid providers in response to a April 9, 2012 letter that was sent to them detailing the proposed Chronic Pain Syndromes; Sedative/Hypnotics Non-Benzodiazepines; Ivacaftor (Kalydeco™); Lost, Stolen or Destroyed Medication Early Refill Overrides; and Crizotinib (Xalkori®) criteria.

Chronic Pain Syndromes

Changes are italicized:

A prior authorization is required for duloxetine (Cymbalta®), pregabalin (Lyrica®), and milnacipran (Savella™). Payment will be considered under the following conditions:

1. A diagnosis of fibromyalgia (Cymbalta®, Lyrica®, and Savella™)
 - a. a trial and therapy failure at a therapeutic dose with three drugs from three distinct therapeutic classes from the following: tricyclic antidepressant, muscle relaxant, SSRI/SNRI, tramadol, or gabapentin, **WITH**
 - b. documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.), **AND**

- c. documentation of a previous trial and therapy failure at a therapeutic dose with Savella™ when Cymbalta® and Lyrica® are requested.
2. A diagnosis of post-herpetic neuralgia (Lyrica®)
A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, valproate, carbamazepine, or gabapentin.
3. A diagnosis of diabetic peripheral neuropathy (Cymbalta® and Lyrica®)
A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, tramadol, or gabapentin.
4. A diagnosis of partial onset seizures, as adjunct therapy (Lyrica®)
5. A diagnosis of major depressive disorder or generalized anxiety disorder (Cymbalta®)
6. *A diagnosis of chronic musculoskeletal pain (Cymbalta®)*
A trial and therapy failure at a therapeutic dose with at least three drugs from three distinct therapeutic classes from the following: NSAIDs, opioids, tramadol, or tricyclic antidepressants.

Requests for concomitant use of these agents for an indicated chronic pain diagnosis may only be considered once each agent has been tried at maximum tolerated dose separately. *Duplicate use of drugs from the same therapeutic category will not be considered.*

Sedative/Hypnotics Non-Benzodiazepines

Changes are italicized:

Preferred agents are available without Prior Authorization (PA). Although intermittent therapy is recommended, quantity limits will allow 30 tablets per 30 days supply without PA for preferred medications.

Prior authorization is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of a previous trial and therapy failure with the preferred agent(s). *Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when there is:*

1. *A diagnosis of chronic insomnia (insomnia lasting ≥ 6 months,*
2. *Medications with a side effect of insomnia (i.e. stimulants) are decreased in dose, changed to a short acting product, and/or discontinued,*
3. *Enforcement of good sleep hygiene is documented.*
4. *All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses*
5. *Patient has a documented trial and therapy failure with zaleplon.*

Ivacaftor (Kalydeco™)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for Kalydeco™ (ivacaftor). Payment will be considered for patients when the following criteria are met:

1. Patient is 6 years of age or older; and

2. Has a diagnosis of cystic fibrosis with a G551D mutation in the CFTR gene as detected by an FDA-cleared CF mutation test; and
3. Prescriber is a CF specialist or pulmonologist; and
4. Patient does not have one of the following infections: *Burkholderia cenocepacia*, *dolosa*, or *Mycobacterium abscessus*.

The DUR Commission also recommended placing a quantity limit of 60 tablets per 30 days on ivacaftor (Kalydeco™)

Lost, Stolen, or Destroyed Medication Override

Newly Proposed Criteria

Non-controlled medications that are lost, stolen, or destroyed are limited to a one time override allowance per 12 month period. Overrides for the first occurrence of a lost, stolen, or destroyed medication can be obtained by contacting the POS Helpdesk at 1-877-463-7671 or locally at 515-256-4608.

Replacement of lost, stolen, or destroyed controlled substances and tramadol containing products will not be approved. In addition, no allowances will be provided for patients residing in a long term care (LTC) facility.

Requests exceeding the one time override allowance for non-controlled lost, stolen and destroyed medications may be considered with additional documentation. Requests for stolen medications must include a copy of a police report.

Crizotinib (Xalkori®)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for Xalkori® (crizotinib). Payment will be considered for patients when the following is met:

1. Diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (Please attach copy of test results); and
2. Is prescribed by an oncologist.

The DUR Commission also recommended placing a quantity limit of 60 tablets per 30 days on crizotinib (Xalkori®).

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Chronic Pain Syndromes; Sedative/Hypnotics Non-Benzodiazepines; Ivacaftor (Kalydeco™); Lost, Stolen or Destroyed Medication Early Refill Overrides; and Crizotinib (Xalkori®) in addition to quantity limits for Ivacaftor (Kalydeco™) and Crizotinib (Xalkori®).

Sincerely,



Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME

Appendix H

Prospective DUR

Prospective DUR SFY 2012

The following prospective DUR edits were recommended to the Department:

- Quantity limit on colchicine (*Colcrys*) of 60 tablets per 30 days for a diagnosis of chronic hyperuricemia/gout prophylaxis and 120 tablets per 30 days for a diagnosis of Familial Mediterranean fever.
- Quantity limit on nicotine inhaler of 164 inhalers per 14 days initially then 336 inhalers per 28 days, for a total of 12-weeks therapy within a 12-month period.
- Quantity limit on nicotine nasal spray of 40ml per 14 days initially then 80ml per 30 days, for a total of 12-weeks therapy within a 12-month period.
- Sinecatechins (*Veregen*) – a quantity limit of 15g per 28 days, a maximum duration of treatment of 16-weeks per 12-months, and a point of sale age edit for members less than 18 years of age.
- Point of sale age edit for letrozole (*Femara*) for members under 50 years of age.
- Quantity limit on payable OTC pseudoephedrine of 72 tablets and 240ml of the syrup per 30 days, for up to 90 days per rolling 12-month period.
- Quantity limit on payable OTC dextromethorphan/guaifenesin 10-100mg syrup of 240ml per 30 days, for up to 90 days per rolling 12-month period.
- Quantity limit on sucralfate tablets of 120 tablets per 30 days for a cumulative 60-days therapy after which a quantity limit of 60 tablets per 30 days, per rolling 12-month period.
- Quantity limit on clobazam (*Onfi*) of 60 tablets per 30 days.
- Point of sale duplicate therapy edit on short-acting narcotics to prevent use of multiple short-acting narcotics concurrently.
- Point of sale age edit on risperidone for members under 5 years of age.
- Point of sale age edit on all other antipsychotics for members less than 6 years of age.
- Point of sale duplicate therapy edit on all antipsychotics for members 0 through 17 years of age.
- Quantity limit on risperidone 1mg and 2mg of 60 tablets per 30 days.
- Quantity limit on *Zyprexa* 15mg and 20mg of 30 tablets per 30 days.
- Quantity limit on *Latuda* 40mg and 80mg of 30 tablets per 30 days.
- Quantity limit on *Kalydeco* of 60 tablets per 30 days.
- Quantity limit on *Xalkori* of 60 tablets per 30 days.



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

August 4, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, August 3, 2011. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Colchicine (Colcrys®) and Fingolimod (Gilenya™). The following recommendations have been made by the DUR Commission:

No comments were received from the medical associations in response to an April 8, 2011 letter that was sent to them detailing the proposed Colchicine (Colcrys®) and Fingolimod (Gilenya™) criteria. The DUR Commission recommends the following criteria be considered for implementation:

Colchicine (Colcrys®)

Newly Proposed PA Criteria:

Prior authorization is not required for colchicine (Colcrys®) for the treatment of acute gout for three (3) tablets per 60-day period. Prior authorization is required for colchicine (Colcrys®) for the treatment of chronic hyperuricemia/gout prophylaxis or Familial Mediterranean fever. Payment will be considered under the following conditions:

1. Chronic hyperuricemia/gout prophylaxis following a trial and therapy failure at a therapeutic dose with allopurinol or probenecid. A quantity limit of sixty (60) tablets per thirty (30) days will be applied, when criteria for coverage for chronic hyperuricemia or gout prophylaxis are met.
2. Familial Mediterranean fever. A maximum quantity limit of 120 tablets per thirty (30) days will be applied for this diagnosis.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Fingolimod (Gilenya™)

Newly Proposed PA Criteria:

A prior authorization is required for fingolimod (Gilenya™). Payment will be considered under the following conditions:

1. A diagnosis of relapsing forms of multiple sclerosis, AND
2. A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.

The required trial may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Colchicine (Colcrys®) and Fingolimod (Gilenya™).

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." The signature is written in a cursive, flowing style.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Sandy Pranger, R.Ph., IME
Erin Halverson, R.Ph., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

October 7, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, October 5, 2011. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Palivizumab (Synagis[®]), Oxycodone ER/CR (OxyContin[®]), Hepatitis C Protease Inhibitors (Victrelis[™] and Incivek[™]) and Nicotine Replacement Therapy. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations in response to an August 4, 2011 letter that was sent to them detailing the proposed Palivizumab (Synagis[®]), Oxycodone ER/CR (OxyContin[®]) and Hepatitis C Protease Inhibitors (Victrelis[™] and Incivek[™]) criteria. Additionally, the DUR Commission reviewed proposed prior authorization criteria for Nicotine Replacement Therapy. Section 4107 of HR 3590 mandates coverage of all approved nicotine replacement therapy products for pregnant women. Prescription nicotine nasal spray and nicotine inhaler will be added to the list of covered products for all Iowa Medicaid members for simplicity of administration effective November 1, 2011. The DUR Commission recommends the following criteria be considered for implementation:

Palivizumab (Synagis[®])

Changes are italicized:

Prior authorization is required for therapy with palivizumab. Prior authorizations will be approved for a maximum of five doses per patient. No allowances will be made for a sixth dose. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD)

- Patient is less than 24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia) requiring medication (bronchodilator, corticosteroid, or diuretic therapy) or oxygen within six months before the anticipated start of RSV season.

Prematurity

- Patient is less than 12 months of age at start of therapy with a gestational age *less than 29 weeks*.
- Patient is less than 6 months of age at start of therapy with a gestational age *of 29 weeks through 31 weeks*.
- Patient is less than 3 months of age at start of therapy *or born during the RSV season* with a gestational age of *32 weeks through 34 weeks* and has *one of two risk factors*. Risk factors include: *day care attendance or siblings less than 5 years of age in household*. *Doses will be limited to a maximum of 3 doses or until patient reaches 90 days of age, whichever comes first.*

Severe Neuromuscular Disease or Congenital Abnormalities

- *Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital abnormalities of the airway that compromises handling of respiratory secretions.*

Congenital Heart Disease (CHD)

- Patient is less than 24 months of age at start of therapy and has hemodynamically significant congenital heart disease further defined by any of the following: Receiving medication to control congestive heart failure, moderate to severe pulmonary hypertension, or cyanotic congenital heart disease.

Severe Immunodeficiency

- Patient is less than 24 months of age at start of therapy and has severe immunodeficiencies (e.g., severe combined immunodeficiency or advanced acquired immunodeficiency syndrome).

Oxycodone ER/CR (OxyContin®)

Changes are italicized:

Extended release oxycodone/OxyContin® is non-preferred except for patients being treated for cancer related pain. Prior authorization at any dose twice daily for cancer related pain will be approved. For all other diagnoses, *payment will be considered under the following conditions:*

1. *There is documentation of previous trials and therapy failures with two (2) chemically distinct preferred long-acting narcotics (such as an extended-release morphine sulfate and methadone) at therapeutic doses, and*
2. *A trial and therapy failure with fentanyl patch at maximum tolerated dose, and*
3. *A signed chronic opioid therapy management plan between the prescriber and patient must be included with the prior authorization, and*
4. *The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/> prior to requesting prior authorization.*
5. *Requests will only be considered for 12 hour dosing.*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Hepatitis C Protease Inhibitors

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:

- 1. A diagnosis of hepatitis C genotype 1, and*
- 2. Patient is 18 years of age or older, and*
- 3. Administered in combination with peginterferon alfa and ribavirin.*
- 4. HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™). Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels. A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).*
- 5. HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™) and patient must not be a prior null responder to standard treatment. Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels. Prior authorizations will be approved for a maximum of 24, 32, or 40 weeks of therapy with boceprevir (Victrelis™) based on response.*

Nicotine Replacement Therapy

Changes italicized:

Prior Authorization is required for over-the-counter nicotine replacement patches, nicotine gum or nicotine lozenges, and prescription nicotine nasal spray or nicotine inhaler. Requests for authorization must include:

- 1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.*
- 2) Confirmation of enrollment in the Quitline Iowa counseling program is required for approval.*
- 3) Approvals will only be granted for patients eighteen years of age and older.*
- 4) The maximum allowed duration of therapy is twelve weeks total combined therapy within a twelve-month period.*
- 5) Patients may receive nicotine replacement patches in combination with one of the oral nicotine replacement products (gum or lozenges). A maximum quantity of 14 nicotine replacement patches and/or 110 pieces of nicotine gum or 144 nicotine lozenges may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and/or 330 pieces of nicotine gum or 288 nicotine lozenges. Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline Iowa program.*
- 6) Requests for non-preferred nicotine replacement products will be considered after documentation of previous trials and intolerance with a preferred oral and preferred topical nicotine replacement product. A maximum quantity of 168 nicotine inhalers or 40ml nicotine nasal spray may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at 336 nicotine inhalers or 80 ml of nicotine nasal spray.*
- 7) The 72-hour emergency supply rule does not apply for drugs used for the treatment of smoking cessation.*

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Palivizumab (Synagis[®]), Oxycodone ER/CR (OxyContin[®]), Hepatitis C Protease Inhibitors (Victrelis[™] and Incivek[™]) and Nicotine Replacement Therapy.

Sincerely,

A handwritten signature in cursive script that reads "Paula Smith R.Ph.".

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D.



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

December 8, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, December 7, 2011. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Anti-Acne Products - Topical, Topical Retinoids for Acne, Dextromethorphan and Quinidine (Nuedexta™) and Roflumilast (Daliresp™). Additionally, the DUR Commission members discussed placing ProDUR edits on Sinecatechins (Veregen®) and Letrozole (Femara®). The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations in response to an October 7, 2011 letter that was sent to them detailing the proposed Anti-Acne Products - Topical, Topical Retinoids for Acne, Dextromethorphan and Quinidine (Nuedexta™) and Roflumilast (Daliresp™) criteria.

Anti-Acne Products - Topical

Changes are italicized:

Prior authorization is required for all prescription topical acne products. *Payment for the treatment of mild to moderate acne vulgaris will be considered under the following conditions:*

1. *Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, which is covered by the program without prior authorization.*
2. *Payment for non-preferred topical acne products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred topical agents of a different chemical entity.*
3. *If the patient presents with a preponderance of comedonal acne, topical retinoid products may be utilized as first line agents with prior authorization (use Topical Retinoids PA form).*

4. Requests for non-preferred combination products may only be considered after documented separate trials and therapy failures with the individual ingredients. *The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

Topical Retinoids for Acne

Changes are italicized:

Prior authorization is required for all *prescription topical retinoid products*. Payment for *prescription topical retinoid products* will be considered under the following conditions:

1. *Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, AND*
2. *Previous trials and therapy failures with two preferred topical and/or oral antibiotics for the treatment of mild to moderate acne (non-inflammatory and inflammatory), and drug-induced acne.*
3. Payment for non-preferred *topical retinoid*-products will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.
4. Trials and therapy failure will not be required for those patients presenting with a preponderance of comedonal acne.
5. Skin cancer, lamellar ichthyosis, and Darier's disease diagnoses will receive automatic approval for lifetime use of *topical retinoid* products.
6. Requests for *non-preferred* combination products *may* only be considered after documentation of separate trials *and therapy failures with the individual ingredients*.
7. *Requests for Tazorac for a psoriasis diagnosis may only be considered after documentation of a previous trial and therapy failure with a preferred topical antipsoriatic agent.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dextromethorphan and Quinidine (Nuedexta™)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for Nuedexta™. Payment will be considered under the following conditions:

1. Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS).
2. A trial and therapy failure at a therapeutic dose with amitriptyline or an SSRI.
3. Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Lability Scale (CNS-LS) questionnaire.
4. Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.

Roflumilast (Daliresp™)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for roflumilast (Daliresp™). Payment will be considered for patients 18 years of age or older when the following is met:

1. A diagnosis of severe COPD with chronic bronchitis as documented by spirometry results, and
2. A smoking history of ≥ 20 pack-years, and
3. Currently on a long-acting bronchodilator in combination with an inhaled corticosteroid with documentation of inadequate control of symptoms, and
4. A history of at least one exacerbation in the past year requiring treatment with oral glucocorticosteroids.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

In response to the Pharmaceutical and Therapeutics (P&T) Committee's recommendation for the DUR Commission to develop quantity limits for Sinecatechins (Veregen[®]), the DUR Commission recommends placing ProDUR edits on Sinecatechins (Veregen[®]) limiting its use to members 18 years of age and older, a maximum quantity of 15 grams per 28 days and a maximum duration of treatment of 16 weeks per 12 months. Due to the potential off-label use of Letrozole (Femara[®]) for ovulation induction or delayed puberty, the DUR Commission also recommends placing a ProDUR edit on Letrozole (Femara[®]) limiting its use to members 50 years of age and older.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Anti-Acne Products - Topical, Topical Retinoids for Acne, Dextromethorphan and Quinidine (Nuedexta[™]) and Roflumilast (Daliresp[™]) and the ProDUR edits on Sinecatechins (Veregen[®]) and Letrozole (Femara[®]).

Sincerely,

A handwritten signature in cursive script that reads "Paula Smith R.Ph.".

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

February 2, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, February 1, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Nebivolol (*Bystolic*[®]) and Vilazodone (*Viibryd*[™]). Additionally, the DUR Commission members discussed placing ProDUR edits on the following: 1) Payable OTC pseudoephedrine products; 2) Payable OTC dextromethorphan/guaifenesin syrup; 3) Sucralfate tablets; 4) Clobazam (*Onfi*[™]); and 5) Duplicate short-acting narcotics. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a December 8, 2011 letter that was sent to them detailing the proposed Nebivolol (*Bystolic*[®]) and Vilazodone (*Viibryd*[™]) criteria.

Nebivolol (*Bystolic*[®])

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for *Bystolic*[®]. Payment will be considered in cases where there are documented trials and therapy failures with two preferred cardio-selective beta-blockers of a different chemical entity at a therapeutic dose. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Vilazodone (*Viibryd*[™])

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for *Viibryd*[™]. Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered for patients when the following criteria are met:

1. The patient has a diagnosis of Major Depressive Disorder (MDD) and is 18 years of age or older; and
2. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SSRI; and
3. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SNRI; and
4. Documentation of a previous trial and therapy failure at a therapeutic dose with one generic antidepressant from any class.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

In addition to the above prior authorization criteria recommendations, the DUR Commission made the following ProDUR edit recommendations:

1. Payable OTC pseudoephedrine – A quantity limit of 72 tablets (both 30mg and 60mg tablets) and 240ml of the syrup per 30 days, for up to 90 days per rolling 12-month period.
2. Payable OTC dextromethorphan/guaifenesin 10-100mg syrup – A quantity limit of 240ml per 30 days, for up to 90 days per rolling 12-month period.
3. Sucralfate tablets – A quantity limit of 120 tablets (4g/day) per 30 days for a cumulative 60-days therapy after which a quantity limit of 60 tablets (2g/day) per 30 days, per rolling 12-month period.
4. Clobazam (Onfi™) – A quantity limit of 60 tablets per 30 days for all strengths.
5. Short-acting narcotics – A duplicate therapy edit to prevent use of multiple short-acting narcotics concurrently.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Nebivolol (*Bystolic*®) and Vilazodone (*Viibryd*™) and the ProDUR edits on payable OTC pseudoephedrine products, payable OTC dextromethorphan/guaifenesin syrup, sucralfate tablets, clobazam (*Onfi*™), and duplicate short-acting narcotics.

Sincerely,

A handwritten signature in cursive script that reads "Paula Smith R.Ph.".

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

April 5, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, April 4, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Erythropoiesis Stimulating Agents and Benzodiazepines. Additionally, the DUR Commission members discussed placing the following ProDUR edits on antipsychotics: 1) an age edit on risperidone for members less than five (5) years of age; 2) an age edit on all other antipsychotics for members less than six (6) years of age; 3) a duplicate therapy edit on all antipsychotics for members 0 through 17 years of age; and 4) quantity limits on risperidone, *Latuda* and *Zyprexa*. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a February 2, 2012 letter that was sent to them detailing the proposed Erythropoiesis Stimulating Agents and Benzodiazepines criteria.

Erythropoiesis Stimulating Agents

Changes are italicized:

Prior authorization is required for erythropoiesis stimulating agents prescribed for outpatients for the treatment of anemia. Payment for non-preferred erythropoiesis stimulating agents will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.

Patients who meet all of the following criteria may receive prior authorization for the use of erythropoiesis stimulating agents:

1. Hemoglobin less than *10g/dL*. If renewal of prior authorization is being requested, a hemoglobin *less than 11g/dL (or less than 10g/dL for patients with Chronic Kidney Disease (CKD) not on dialysis)* will be required for continued treatment. Hemoglobin laboratory values must be dated within *four weeks* of the prior

- authorization request.
2. Transferrin saturation greater than or equal to 20 percent (transferrin saturation is calculated by dividing serum iron by the total iron binding capacity), ferritin levels greater than or equal to 100 mg/ml, or on concurrent therapeutic iron therapy. Transferrin saturation or ferritin levels must be dated within three months of the prior authorization request.
 3. For HIV-infected patients, the endogenous serum erythropoietin level must be less than or equal to 500 mU/ml to initiate therapy.
 4. No evidence of untreated GI bleeding, hemolysis, or Vitamin B-12, iron or folate deficiency.

Benzodiazepines

Changes are italicized:

Prior authorization is required for non-preferred benzodiazepines. Payment for non-preferred benzodiazepines will be authorized in cases with documentation of previous trial and therapy failure with two preferred products. *Requests for clobazam (ONFI) will be considered for a diagnosis of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age and older when used as an adjunctive treatment.* Prior authorization will be approved for up to 12 months for documented:

1. Generalized anxiety disorder.
2. Panic attack with or without agoraphobia.
3. Seizure.
4. Non-progressive motor disorder.
5. Dystonia.

If a long-acting medication is requested, one of the therapeutic trials must include the immediate release form of the requested benzodiazepine. Prior authorization requests will be approved for up to a three-month period for all other diagnoses related to the use of benzodiazepines. *The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.*

In addition to the above prior authorization criteria recommendations, the DUR Commission made the following ProDUR edit recommendations:

1. Age edit on risperisone for members less than five (5) years of age.
2. Age edit on all other antipsychotics for members less than six (6) years of age.
3. Duplicate therapy edit on all antipsychotics for members 0 through 17 years of age.
4. Quantity limit on the following antipsychotics per 30 days:

Drug Name	Quantity Limit
Risperidone 1mg	60
Risperidone 2mg	60
<i>Zyprexa 15mg</i>	30
<i>Zyprexa 20mg</i>	30
<i>Latuda 40mg</i>	30
<i>Latuda 80mg</i>	30

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Erythropoiesis Stimulating Agents and Benzodiazepines and the following ProDUR edits: 1) an age edit on risperisone for members less than five (5) years of age; 2) an age edit on all other antipsychotics for members

less than six (6) years of age; 3) a duplicate therapy edit on all antipsychotics for members 0 through 17 years of age; and 4) quantity limits on risperidone, *Latuda* and *Zyprexa*.

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." The signature is written in a cursive, flowing style.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

June 6, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, June 6, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Chronic Pain Syndromes; Sedative/Hypnotics Non-Benzodiazepines; Ivacaftor (Kalydeco™); Lost, Stolen or Destroyed Medication Early Refill Overrides; and Crizotinib (Xalkori®). The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations and Iowa Medicaid providers in response to a April 9, 2012 letter that was sent to them detailing the proposed Chronic Pain Syndromes; Sedative/Hypnotics Non-Benzodiazepines; Ivacaftor (Kalydeco™); Lost, Stolen or Destroyed Medication Early Refill Overrides; and Crizotinib (Xalkori®) criteria.

Chronic Pain Syndromes

Changes are italicized:

A prior authorization is required for duloxetine (Cymbalta®), pregabalin (Lyrica®), and milnacipran (Savella™). Payment will be considered under the following conditions:

1. A diagnosis of fibromyalgia (Cymbalta®, Lyrica®, and Savella™)
 - a. a trial and therapy failure at a therapeutic dose with three drugs from three distinct therapeutic classes from the following: tricyclic antidepressant, muscle relaxant, SSRI/SNRI, tramadol, or gabapentin, **WITH**
 - b. documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.), **AND**

- c. documentation of a previous trial and therapy failure at a therapeutic dose with Savella™ when Cymbalta® and Lyrica® are requested.
2. A diagnosis of post-herpetic neuralgia (Lyrica®)

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, valproate, carbamazepine, or gabapentin.
3. A diagnosis of diabetic peripheral neuropathy (Cymbalta® and Lyrica®)

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, tramadol, or gabapentin.
4. A diagnosis of partial onset seizures, as adjunct therapy (Lyrica®)
5. A diagnosis of major depressive disorder or generalized anxiety disorder (Cymbalta®)
6. *A diagnosis of chronic musculoskeletal pain (Cymbalta®)*

A trial and therapy failure at a therapeutic dose with at least three drugs from three distinct therapeutic classes from the following: NSAIDs, opioids, tramadol, or tricyclic antidepressants.

Requests for concomitant use of these agents for an indicated chronic pain diagnosis may only be considered once each agent has been tried at maximum tolerated dose separately. *Duplicate use of drugs from the same therapeutic category will not be considered.*

Sedative/Hypnotics Non-Benzodiazepines

Changes are italicized:

Preferred agents are available without Prior Authorization (PA). Although intermittent therapy is recommended, quantity limits will allow 30 tablets per 30 days supply without PA for preferred medications.

Prior authorization is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of a previous trial and therapy failure with the preferred agent(s). *Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when there is:*

- 1. A diagnosis of chronic insomnia (insomnia lasting ≥ 6 months,*
- 2. Medications with a side effect of insomnia (i.e. stimulants) are decreased in dose, changed to a short acting product, and/or discontinued,*
- 3. Enforcement of good sleep hygiene is documented.*
- 4. All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses*
- 5. Patient has a documented trial and therapy failure with zaleplon.*

Ivacaftor (Kalydeco™)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for Kalydeco™ (ivacaftor). Payment will be considered for patients when the following criteria are met:

1. Patient is 6 years of age or older; and

2. Has a diagnosis of cystic fibrosis with a G551D mutation in the CFTR gene as detected by an FDA-cleared CF mutation test; and
3. Prescriber is a CF specialist or pulmonologist; and
4. Patient does not have one of the following infections: *Burkholderia cenocepacia*, *dolosa*, or *Mycobacterium abscessus*.

The DUR Commission also recommended placing a quantity limit of 60 tablets per 30 days on ivacaftor (Kalydeco™)

Lost, Stolen, or Destroyed Medication Override

Newly Proposed Criteria

Non-controlled medications that are lost, stolen, or destroyed are limited to a one time override allowance per 12 month period. Overrides for the first occurrence of a lost, stolen, or destroyed medication can be obtained by contacting the POS Helpdesk at 1-877-463-7671 or locally at 515-256-4608.

Replacement of lost, stolen, or destroyed controlled substances and tramadol containing products will not be approved. In addition, no allowances will be provided for patients residing in a long term care (LTC) facility.

Requests exceeding the one time override allowance for non-controlled lost, stolen and destroyed medications may be considered with additional documentation. Requests for stolen medications must include a copy of a police report.

Crizotinib (Xalkori®)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for Xalkori® (crizotinib). Payment will be considered for patients when the following is met:

1. Diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (Please attach copy of test results); and
2. Is prescribed by an oncologist.

The DUR Commission also recommended placing a quantity limit of 60 tablets per 30 days on crizotinib (Xalkori®).

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Chronic Pain Syndromes; Sedative/Hypnotics Non-Benzodiazepines; Ivacaftor (Kalydeco™); Lost, Stolen or Destroyed Medication Early Refill Overrides; and Crizotinib (Xalkori®) in addition to quantity limits for Ivacaftor (Kalydeco™) and Crizotinib (Xalkori®).

Sincerely,



Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME

Appendix I

FUL

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: June 13, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective June 10, 2011**

Drug Name	Brand Name	State MAC Rate
BRIMONIDINE TARTRATE 0.15 % DR	ALPHAGAN P	13.17846
DESMOPRESSIN 0.1 MG/ML SPRY	DDAVP	27.84920
METHYLPHENIDATE HCL 20 MG TAB ER	RITALIN-SR	1.10887

The following table lists State MAC rates **to be decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective June 30, 2011**

Drug Name	Brand Name	State MAC Rate
ALBUTEROL SULFATE 0.63MG/3ML	ACCUNEB	0.45817
AZITHROMYCIN 100 MG/5 ML SUSP	ZITHROMAX	0.91933
BUPROPION HCL ER 200 MG TAB	WELLBUTRIN SR	0.84720
BUPROPION XL 150MG TAB	WELLBUTRIN XL	0.77183
BUPROPION XL 300 MG TAB	WELLBUTRIN XL	0.99611
CLINDAMYCIN HCL 150 MG CAP	CLEOCIN	0.08534
CLOZAPINE 100 MG TAB	CLOZARIL	1.04713
ETH ESTRADIOL/DESOGEST 30 MCG/	ORTHO-CEPT	0.57416
ETH ESTRADIOL/NORETH 35MCG/0.4	OVCON-35	1.01720
FLUCONAZOLE 150 MG TAB	DIFLUCAN	0.22948
GLYCOPYRROLATE 1 MG TAB	ROBINUL	0.53171
GRISEOFULVIN 125 MG/5 ML SUSP	GRIFULVIN V	0.13506
GUANFACINE 1 MG TAB	TENEX	0.07300
HALOPERIDOL 10 MG TAB	HALDOL	0.74956
HYDROMORPHONE HCL 8 MG TAB	DILAUDID	0.63864
IBUPROFEN 100 MG/5 ML SUSP	MOTRIN	0.02964
METOPROLOL SUCC ER 25 MG TAB	TOPROL XL	0.74076
METOPROLOL SUCC ER 50 MG TAB	TOPROL XL	0.74376

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Drug Name	Brand Name	State MAC Rate
METRONIDAZOLE VAG 0.75% GEL	METROGEL	0.37637
MIRTAZAPINE 15 MG TAB	REMERON	0.12209
MYCOPHENOLATE 500 MG TAB	CELLCEPT	0.80093
NALTREXONE 50 MG TAB	REVIA	1.17205
ONDANSETRON 4 MG/5 ML SOLN	ZOFRAN	1.94250
OXCARBAZEPINE 600 MG TAB	TRILEPTAL	0.68495
PROMETHAZINE 25 MG TAB	PHENERGAN	0.12317
RISPERIDONE M-TAB 4 MG ODT	RISPERDAL M-TAB	10.55584
TRAZODONE 150 MG TAB	DESYREL	0.10249

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective June 10, 2011**

Drug Name	Brand Name	State MAC Rate
CLOZAPINE 200 MG TABLET	CLOZAPINE	2.50363
FEXOFENADINE-PSE ER 180-240 TAB	ALLEGRA-D 24 HOUR	3.97603
FLUOXETINE HCL 90 MG CAPSULE DR	PROZAC WEEKLY	26.72100
LATANOPROST 0.005% EYE DROPS	XALATAN	2.68040
RISPERIDONE 3 MG TAB RAPDIS	RISPERDAL M-TAB	7.91134
VENLAFAXINE HCL 37.5 MG CAP ER	EFFEXOR XR	3.36166
VENLAFAXINE HCL 75 MG CAP ER	EFFEXOR XR	3.78622

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 4: Iowa Medicaid State MAC Rate **Terminations**

Drug Name
CLOTRIMAZOLE-BETAMETH CRM
NEO/POLY/DEXTAMET EYE OINT

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: July 11, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective July 12, 2011**

Drug Name	Brand Name	State MAC Rate
PENICILLIN VK 250 MG/5 ML SOLN	VEETIDS	0.03184

The following table lists State MAC rates **to be decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective July 28, 2011**

Drug Name	Brand Name	State MAC Rate
AMLODIPINE BESYLATE 10 MG TAB	NORVASC	0.04126
AMPHETAMINE SALTS 15 MG TAB	ADDERALL	0.29336
BUTALB/ACETAMINOPHEN/CAFFEINE	ESGIC	0.05513
CEFPROZIL 125 MG/5 ML SUSP	CEFZIL	0.18451
CIPROFLOXACIN 0.3% EYE DROPS	CILOXAN	0.95492
CLONAZEPAM 0.25 MG DIS TAB	KLONOPIN	0.79614
D-AMPHETAMINE 10 MG CAP SA	DEXEDRINE	2.07770
DONEPEZIL HCL 10 MG TAB	ARICEPT	4.34708
DONEPEZIL HCL 5 MG TAB	ARICEPT	4.38677
FLUOXETINE 10 MG CAP	PROZAC	0.03010
GLYCOPYRROLATE 2 MG TAB	ROBINUL	0.86075
GUANFACINE 2 MG TAB	TENEX	0.10786
HYDROXYCHLOROQUINE 200 MG TAB	PLAQUENIL	0.12487
LAMOTRIGINE 25 MG DISPER TAB	LAMICTAL	0.33130
LEVETIRACETAM 250 MG TAB	KEPPRA	0.21640
LISINOPRIL 40 MG TAB	PRINIVIL/ZESTRIL	0.07010
METHOTREXATE 2.5 MG TAB	RHEUMATREX	0.16820
METOPROLOL 25 MG TAB	LOPRESSOR	0.03072
MIRTAZAPINE 30 MG TAB	REMERON	0.15211
NIFEDIPINE 10 MG CAP	PROCARDIA	0.67818

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Drug Name	Brand Name	State MAC Rate
ONDANSETRON HCL 8 MG TAB	ZOFRAN	0.31090
ONDANSETRON ODT 8 MG TAB	ZOFRAN ODT	0.57148
ORPHENADRINE 100 MG TAB SA	NORFLEX	0.45472
OXYBUTYNIN CL ER 10 MG TAB	DITROPAN XL	1.62584
PAROXETINE HCL 20 MG TAB	PAXIL	0.12276
ROPINIROLE HCL 1 MG TAB	REQUIP	0.29617
TOPIRAMATE 200 MG TAB	TOPAMAX	0.15200
TOPIRAMATE 25 MG TAB	TOPAMAX	0.04484
URSODIOL 300 MG CAP	ACTIGALL	0.31939
VITAMIN D 50,000 UNITS SOFTGEL	DRISDOL	1.02576

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective July 28, 2011**

Drug Name	Brand Name	State MAC Rate
EXEMESTANE 25 MG TABLET	AROMASIN	6.64649

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 07/11/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Additions, Effective 08/01/2012**

Drug Name	Brand Name	State MAC Rate
CLOPIDOGREL BISULFATE 75 MG TAB	PLAVIX	0.16561

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 07/18/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases**

Drug Name	Brand Name	State MAC Rate	Effective Date
CLOMIPRAMINE 75 MG CAP	ANAFRANIL	0.52711	07/02/12

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 08/15/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective 08/13/2012**

Drug Name	Brand Name	State MAC Rate
FLUOXETINE 20 MG CAP	PROZAC	0.03481
HYDROCODONE/APAP 5/500 MG TAB	VICODIN	0.04786
HYDROCODONE/APAP 7.5/500 MG TAB	LORTAB	0.07070

The following table lists State MAC rates **to be decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective 08/29/2012**

Drug Name	Brand Name	State MAC Rate
ALBUTEROL 0.83 MG/ML SOLN	PROVENTIL/ VENTOLIN	0.05527
AMOX TR-K CLV 400-57 MG/5 ML SUSP	AUGMENTIN	0.15661
AMOX TR-K CLV 600-42.9 MG/5 ML SUSP	AUGMENTIN	0.16285
ATORVASTATIN CALCIUM 10 MG TAB	LIPITOR	0.22032
ATORVASTATIN CALCIUM 20 MG TAB	LIPITOR	0.32629
ATORVASTATIN CALCIUM 40 MG TAB	LIPITOR	0.38416
ATORVASTATIN CALCIUM 80 MG TAB	LIPITOR	0.33810
AZITHROMYCIN 200 MG/5 ML SUSP	ZITHROMAX	0.60382
AZITHROMYCIN 250 MG TAB	ZITHROMAX	0.59267
BUPROPION HCL SR 150 MG TAB - AB1	WELLBUTRIN SR	0.36860
BUPROPION XL 150MG TAB	WELLBUTRIN XL	0.70045
BUPROPION XL 300 MG TAB	WELLBUTRIN XL	0.88591
CEFDINIR 250 MG/5 ML SUSP	OMNICEF	0.48624
CEFDINIR 300 MG CAP	OMNICEF	1.93444
CEPHALEXIN 500 MG CAP	KEFLEX	0.10996
CITALOPRAM HBR 20 MG TAB	CELEXA	0.04217
FLUTICASONE 50 MCG NASAL SPRY	FLONASE	1.27022
GABAPENTIN 300 MG CAP	NEURONTIN	0.08161

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Drug Name	Brand Name	State MAC Rate
GABAPENTIN 600 MG TAB	NEURONTIN	0.33498
GABAPENTIN 800 MG TAB	NEURONTIN	0.48091
LEVETIRACETAM 500 MG TAB	KEPPRA	0.19186
LORAZEPAM 0.5 MG TAB	ATIVAN	0.02527
LORAZEPAM 1 MG TAB	ATIVAN	0.02879
METHYLPHENIDATE 10 MG TAB	RITALIN	0.09930
OMEPRazole 20 MG CAP	PRILOSEC	0.11130
OMEPRazole 40 MG CAP DR	PRILOSEC	0.28027
OXCARBAZEPINE 300 MG TAB	TRILEPTAL	0.30602
RISPERIDONE 1MG TAB	RISPERDAL	0.14604
RISPERIDONE 2MG TAB	RISPERDAL	0.16099
TRAZODONE 100 MG TAB	DESYREL	0.04489

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective 08/29/2012**

Drug Name	Brand Name	State MAC Rate
ENOXAPARIN SOD 80 MG/0.8 ML DISP SYRN	LOVENOX	67.12640
IRBESARTAN/HYDROCHLOROTHIAZIDE	AVALIDE	2.88770

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 4: Iowa Medicaid State MAC Rate **Terminations**

Drug Name	Effective Date
ISOSORBIDE DN 20 MG TAB	08/09/12
LABETALOL HCL 200 MG TAB	08/07/12

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 09/05/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases**

Drug Name	Brand Name	State MAC Rate	Effective Date
D-AMPHETAMINE 5 MG TAB	DEXEDRINE	2.43024	08/22/12

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Terminations**

Drug Name	Effective Date
D-AMPHETAMINE 10 MG TAB	08/20/12

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 08/22/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases**

Drug Name	Brand Name	State MAC Rate	Effective Date
ETHOSUXIMIDE 250 MG/5 ML SYRP	ZARONTIN	0.27308	08/16/12
HYDROCODONE/APAP 5/500 MG TAB	VICODIN	0.06722	08/14/12

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 09/13/11

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases**

Drug Name	Brand Name	State MAC Rate	Effective Date
NORTRIPTYLINE 10 MG/5 ML SOL	PAMELOR	0.12478	09/07/11
TRIAMCINOLONE 0.025% OINT	KENALOG	0.37198	09/07/11
TRIAMCINOLONE 0.1% LOT	KENALOG	0.59364	09/07/11
TRIAMCINOLONE 0.5% OINT	KENALOG	0.63280	09/07/11

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Terminations**

Drug Name	Effective Date
NORTRIPTYLINE HCL 10 MG CAP	09/07/11
NORTRIPTYLINE HCL 25 MG CAP	09/07/11
NORTRIPTYLINE HCL 50 MG CAP	09/07/11
PROMETHAZINE 25 MG SUPP	09/08/11
PROMETHAZINE HCL 12.5 MG SUPP	09/08/11

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 09/08/2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective 08/29/2011**

Drug Name	Brand Name	State MAC Rate
D-AMPHETAMINE 5 MG TAB	DEXEDRINE	0.26628

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 09/22/2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases**

Drug Name	Brand Name	State MAC Rate	Effective Date
CEFDINIR 300 MG CAP	OMNICEF	2.56398	09/08/11
CLARITHROMYCIN 125MG/ML SUSP	BIAXIN	0.42448	09/19/11
CYCLOPENTOLATE 1% EYE DROPS	CYCLOGYL	6.49100	09/19/11
D-AMPHETAMINE 10 MG CAP SA	DEXEDRINE	4.19759	09/19/11
D-AMPHETAMINE 15 MG CAP SA	DEXEDRINE	5.26474	09/19/11
D-AMPHETAMINE 5 MG CAP SA	DEXEDRINE	3.22924	09/19/11
DIFLORASONE 0.05% OINT	APEXICON, PSORCON	3.08524	09/19/11
FLUOCINONIDE 0.05% OINT	LIDEX	1.24852	09/19/11
MEDROXYPROGEST 150 MG/ML VIAL	DEPO-PROVERA	42.13920	09/19/11
MEDROXYPROGESTERONE 150MG/ML SYR	DEPO-PROVERA	43.02510	09/12/11
MEDROXYPROGESTERONE 2.5 MG TAB	PROVERA	0.13396	09/19/11

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 4: Iowa Medicaid State MAC Rate **Terminations**

Drug Name	Effective Date
AMITRIP/PERPHEN 10/2 MG TAB	09/10/11
AMITRIP/PERPHEN 2/25 MG TAB	09/10/11
AMITRIP/PERPHEN 4/25 MG TAB	09/10/11
CLARITHROMYCIN 250 MG TAB	09/10/11
DOXEPIN 10 MG CAP	09/12/11
DOXEPIN 100 MG CAP	09/12/11
DOXEPIN 25 MG CAP	09/12/11
DOXEPIN 75 MG CAP	09/10/11
FLUOCINOLONE 0.025% CRM	09/10/11
FLUOCINOLONE 0.025% OINT	09/10/11

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Drug Name	Effective Date
FLUOCINONIDE 0.05% GEL	09/10/11
NORTRIPTYLINE HCL 75 MG CAP	09/10/11
NYSTATIN 100,000 UNIT/ML SUSP	09/10/11
PINDOLOL 10 MG TAB	09/10/11
PINDOLOL 5 MG TAB	09/10/11
SELEGILINE HCL 5 MG TAB	09/10/11
SERTRALINE HCL 25 MG TAB	09/10/11

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 10/19/11

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases**

Drug Name	Brand Name	State MAC Rate	Effective Date
AMPHETAMINE SALTS 12.5 MG TAB	ADDERALL	1.15948	10/12/11
AMPHETAMINE SALTS 15 MG TAB	ADDERALL	1.05190	10/12/11
AMPHETAMINE SALTS 5 MG TAB	ADDERALL	1.11940	10/12/11
AMPHETAMINE SALTS 30 MG TAB	ADDERALL	1.25890	10/12/11
AMPHETAMINE SALTS 20 MG TAB	ADDERALL	1.08721	10/12/11

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 09/28/11

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases**

Drug Name	Brand Name	State MAC Rate	Effective Date
BUDESONIDE 0.25 MG/2ML SUSP	PULMICORT	3.16792	09/26/11
BUDESONIDE 0.5 MG/2ML SUSP	PULMICORT	3.74018	09/26/11
CLARITHROMYCIN ER 500 MG TAB	BIAXIN XL	3.42880	09/26/11
IBUPROFEN 100 MG/5 ML SUSP	MOTRIN	0.04636	09/21/11

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 4: Iowa Medicaid State MAC Rate **Terminations**

Drug Name	Effective Date
MUPIROCIN 2% OINT	09/13/11

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 11/08/2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 4: Iowa Medicaid State MAC Rate **Termination** effective 10/31/2011

Drug Name
METRONIDAZOLE 0.75% CRM

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 11/22/2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases**

Drug Name	Brand Name	State MAC Rate	Effective Date
CLOMIPRAMINE 50 MG CAP	ANAFRANIL	0.35747	11/09/2011
ETODOLAC 500 MG TAB	LODINE	0.34192	11/09/2011
FUROSEMIDE 10 MG/ML SOLN	LASIX	0.11581	11/07/2011
HYDROCODONE/APAP 10/500 MG TAB	LORTAB	0.14515	11/07/2011

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Additions, effective 11/14/2011**

Drug Name	Brand Name	State MAC Rate
OLANZAPINE 2.5 MG TAB	ZYPREXA	8.28584
OLANZAPINE 5 MG TAB	ZYPREXA	9.86573
OLANZAPINE 7.5 MG TAB	ZYPREXA	12.21456
OLANZAPINE 10 MG TAB	ZYPREXA	14.62955
OLANZAPINE 15 MG TAB	ZYPREXA	22.69008

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Terminations**

Drug Name	Effective Date
NEOMYCIN/POLY/HC EYE DROPS	11/10/2011

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 12/15/2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective 12/20/2011**

Drug Name	Brand Name	State MAC Rate
CHLORTHALIDONE 25 MG TAB	THALITONE/HYGROTON	0.41161
CHLORTHALIDONE 50 MG TAB	THALITONE/HYGROTON	0.38444
CLINDAMYCIN PH 1% SOLN	CLEOCIN T	0.16496

The following table lists State MAC rates **to be decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective 01/05/2012**

Drug Name	Brand Name	State MAC Rate
AZITHROMYCIN 200 MG/5 ML SUSP	ZITHROMAX	0.67885
CEFDINIR 300 MG CAP	OMNICEF	2.15897
CLINDAMYCIN PALM HCL 75 MG/5 ML SOLN REC	CLEOCIN PALMITATE	0.53246
DISULFIRAM 250 MG TAB	ANTABUSE	2.76384
EXEMESTANE 25 MG TAB	AROMASIN	5.86582
GABAPENTIN 600 MG TAB	NEURONTIN	0.44104
MYCOPHENOLATE 500 MG TAB	CELLCEPT	0.57186
OFLOXACIN 0.3% EAR DROPS	FLOXIN	1.09876
ONDANSETRON ODT 4 MG TAB	ZOFRAN ODT	0.38617
OXYCODONE HCL/APAP 5/500 MG CAP	TYLOX	0.08844
PENICILLIN VK 500 MG TAB	VEETIDS	0.16580
RISPERIDONE 0.25MG TAB	RISPERDAL	0.17429
RISPERIDONE 0.5MG TAB	RISPERDAL	0.17772
RISPERIDONE 1MG/ML SOLN	RISPERDAL	0.94018
RISPERIDONE 2MG TAB	RISPERDAL	0.24145
TOPIRAMATE 15 MG SPRINKLE CAP	TOPAMAX SPRINKLE	0.17225
VENLAFAXINE HCL 150 MG TAB ER 24		3.82826
VENLAFAXINE HCL 75 MG TAB ER 24		2.78134

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective 01/05/2012**

Drug Name	Brand Name	State MAC Rate
DOXEPIN 100 MG CAP	SINEQUAN	0.35488
MORPHINE SULFATE 100 MG/5 ML (20 MG/ML)		0.58168
MUPIROCIN 2% OINT	BACTROBAN	0.52165

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 4: Iowa Medicaid State MAC Rate **Terminations**

Drug Name	Effective Date
CLORAZEPATE 3.75 MG TAB	12/14/2011
METRONIDAZOLE 250 MG TAB	12/20/2011
METRONIDAZOLE 500 MG TAB	12/20/2011

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 12/29/2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective 12/13/2011**

Drug Name	Brand Name	State MAC Rate
CEFPROZIL 250 MG/5 ML SUSP	CEFZIL	0.57689
CEFPROZIL 500 MG TAB	CEFZIL	3.40680

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Additions, Effective 01/20/2012**

Drug Name	Brand Name	State MAC Rate
ATORVASTATIN 10 MG TAB	LIPITOR	3.38896
ATORVASTATIN 20 MG TAB	LIPITOR	4.81658
ATORVASTATIN 40 MG TAB	LIPITOR	4.73976
ATORVASTATIN 80 MG TAB	LIPITOR	4.82801

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 01/04/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate Terminations

Drug Name	Effective Date
CLARITHROMYCIN 500 MG TAB	12/22/2011

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 02/01/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective 01/24/2012**

Drug Name	Brand Name	State MAC Rate
GLYCOPYRROLATE 0.2 MG/ML VIAL	ROBINUL	0.92464

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Terminations, Effective 01/26/2012**

Drug Name
METRONIDAZOLE 0.75% LOT

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 02/10/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective 02/07/2012**

Drug Name	Brand Name	State MAC Rate
TOPIRAMATE 15 MG SPRINKLE CAP	TOPAMAX SPRINKLE	0.60043

The following table lists State MAC rates **to be decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective 03/04/2012**

Drug Name	Brand Name	State MAC Rate
CYCLOSPORINE 100 MG SOFTGEL - AB1	NEORAL	2.31911
DILTIAZEM HCL 240 MG CAP SA - AB2	DILACOR XR	0.62350
ECONAZOLE NITRATE 1% CRM	SPECTAZOLE	0.26838
HYDROMORPHONE 4 MG TAB	DILAUDID	0.12326
HYDROXYZINE PAM 50 MG CAP	VISTARIL	0.07297
LAMOTRIGINE 25 MG DISPER TAB	LAMICTAL	0.32136
LETROZOLE 2.5 MG TAB	FEMARA	0.26710
NIFEDIPINE 10 MG CAP	PROCARDIA	0.72340
OXCARBAZEPINE 150 MG TAB	TRILEPTAL	0.20316
TACROLIMUS 0.5 MG CAP	PROGRAF	1.52956
TAMSULOSIN HCL 0.4 MG CAP.SR 24H	FLOMAX	0.24485
TRIAMCINOLONE 0.1% PASTE	KENALOG/ ORALONE	9.44326
VITAMIN D 50,000 UNITS SOFTGEL	DRISDOL	0.52428

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective 03/04/2012**

Drug Name	Brand Name	State MAC Rate
LEVETIRACETAM 500 MG TAB.SR 24H	KEPPRA XR	0.49982
OLANZAPINE 20 MG TAB	ZYPREXA	27.20525
SERTRALINE HCL 25 MG TAB	ZOLOFT	0.08278
FLUCONAZOLE 50 MG TAB	DIFLUCAN	0.11918

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 03/12/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective 03/14/2012**

Drug Name	Brand Name	State MAC Rate
ACYCLOVIR 800 MG TAB	ZOVIRAX	0.39922
BENZTROPINE MES 2 MG TAB	COGENTIN	0.09060
DESMOPRESSIN 0.1 MG/ML SPRY	DDAVP	38.39136

The following table lists State MAC rates **to be decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective 03/30/2012**

Drug Name	Brand Name	State MAC Rate
ATORVASTATIN CALCIUM 10 MG TAB	LIPITOR	3.15678
CARBIDOPA/LEVO 25/100 MG TAB	SINEMET	0.14887
CEFPROZIL 500 MG TAB	CEFZIL	3.29784
DIGOXIN 125 MCG TAB	LANOXIN	0.11380
ETODOLAC 400 MG TAB	LODINE	0.17296
GLIPIZIDE 10 MG TAB	GLUCOTROL	0.03808
LANSOPRAZOLE 30 MG CAP DR	PREVACID	1.57614
LIDOCAINE-PRILOCAINE CRM	EMLA	0.62513
LISINOPRIL/HCTZ 20/25 MG TAB	ZESTORETIC	0.06554
NEO/POLYMYXIN/DEXAMETH DROPS	MAXITROL	2.30400
NIFEDIPINE ER 30 MG TAB - AB2	PROCARDIA XL	0.48258
OLANZAPINE 20 MG TAB	ZYPREXA	25.21260
OXYBUTYNIN CL ER 5 MG TAB	DITROPAN XL	1.33988
PROPRANOLOL 120 MG CAP SA	INDERAL LA	0.67892
PROPRANOLOL 20 MG TAB	INDERAL	0.02725
ROPINIROLE HCL 2 MG TAB	REQUIP	0.21984
SERTRALINE 20 MG/ML ORAL CONC	ZOLOFT	0.56656
SULFAMETHOXAZOLE/TMP SS TAB	SEPTRA	0.09688

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Drug Name	Brand Name	State MAC Rate
TERCONAZOLE 0.4% CRM	TERAZOL 7	0.23306

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective 03/30/2012**

Drug Name	Brand Name	State MAC Rate
OLANZAPINE 10 MG TAB RAPDIS	ZYPREXA ZYDIS	7.96904
OLANZAPINE 20 MG TAB RAPDIS	ZYPREXA ZYDIS	17.34650
OLANZAPINE 5 MG TAB RAPDIS	ZYPREXA ZYDIS	5.22511
PREDNISOLONE AC 1% EYE DROPS	PRED FORTE	1.62683

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 4: Iowa Medicaid State MAC Rate **Terminations, Effective 02/21/2012**

Drug Name
CLOBETASOL 0.05% OINT

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 04/05/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective 03/21/2012**

Drug Name	Brand Name	State MAC Rate
AMANTADINE 100 MG CAP	SYMMETREL	1.46082

The following table lists State MAC rates **to be decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective 04/26/2012**

Drug Name	Brand Name	State MAC Rate
LANSOPRAZOLE 15 MG CAP DR	PREVACID	1.60769

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 04/25/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Additions**, Effective 05/09/2012

Drug Name	Brand Name	State MAC Rate
LAMIVUDINE/ZIDOVUDINE 150 MG-300 MG TAB	COMBIVIR	13.61058
ZIPRASIDONE HCL 20 MG CAP	GEODON	4.13560
ZIPRASIDONE HCL 40 MG CAP	GEODON	4.25170
ZIPRASIDONE HCL 60 MG CAP	GEODON	5.12320
ZIPRASIDONE HCL 80 MG CAP	GEODON	5.07456

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Terminations**, Effective 04/04/2012

Drug Name
BISOPROLOL/HCTZ 10/6.25 MG TAB

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 05/03/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective 04/20/2012**

Drug Name	Brand Name	State MAC Rate
CEFPROZIL 125 MG/5 ML SUSP	CEFZIL	0.31668

The following table lists State MAC rates **to be added** to the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Additions, Effective 05/26/2012**

Drug Name	Brand Name	State MAC Rate
ESCITALOPRAM OXALATE 5 MG/5 ML SOLN	LEXAPRO	0.69510
ESCITALOPRAM OXALATE 5 MG TAB	LEXAPRO	3.06600
ESCITALOPRAM OXALATE 10 MG TAB	LEXAPRO	3.19781
ESCITALOPRAM OXALATE 20 MG TAB	LEXAPRO	3.38196
QUETIAPINE FUMARATE 25 MG TAB	SEROQUEL	0.23974
QUETIAPINE FUMARATE 50 MG TAB	SEROQUEL	0.39124
QUETIAPINE FUMARATE 100 MG TAB	SEROQUEL	0.37036
QUETIAPINE FUMARATE 200 MG TAB	SEROQUEL	0.69910
QUETIAPINE FUMARATE 300 MG TAB	SEROQUEL	0.91662
QUETIAPINE FUMARATE 400 MG TAB	SEROQUEL	1.07734

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Terminations, Effective 05/10/2012**

Drug Name
ALBUTEROL 90MCG INH

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: 05/09/2012

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates **to be terminated** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Terminations**

Drug Name	Effective Date
CYPROHEPTADINE 2MG/5ML SYRUP	05/01/2012
IBUPROFEN 100 MG/5 ML SUSP	05/01/2012
LIDOCAINE 5% OINT	04/26/2012

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

*This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise.
This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.*

Appendix J

Newsletters



The Bulletin of Medicaid Drug Utilization Review in Iowa

DUR Commission Members

Larry Ambrosion, R.Ph.
 Gregory Barclay, M.D.
 Casey Clor, M.D.
 Brett Faine, Pharm.D.
 Mark Graber, M.D., FACEP
 Craig Logemann, R.Ph., Pharm.D.,
 BCPS
 Susan Parker, Pharm.D.
 Laurie Pestel, Pharm.D.
 Sara Schutte-Schenck, D.O., FAAP

* * *

DUR Professional Staff

Pamela Smith, R.Ph.
 DUR Project Coordinator

Commission Welcomes New Member



Gregory P. Barclay is the newest addition to the DUR Commission. Dr. Barclay is the President and Medical Director of Barclay and Associates, P.C. in Ames, Iowa. Dr. Barclay received his medical degree from the University of Kentucky College of Medicine and completed his residency training in psychiatric medicine at the Naval Regional Medical Center in San Diego, California. He is certified by the American Board of Psychiatry & Neurology, is a Fellow in the American Psychiatric Association, is a Governing Board member of the American Society of Adolescent Psychiatry, and is a member of the Legislative Affairs Committee of the Iowa Psychiatric Society. Dr. Barclay was appointed to the DUR Commission in 2011; his first term will expire in June 2015.

Annual Call for New Commission Members

**Attention Physicians and Pharmacists:
 Are you looking for a new professional opportunity?**

CMS requires state Medicaid programs to have a drug utilization review (DUR) program consisting of prospective DUR, retrospective DUR, and an educational program. The goal of the DUR program is to ensure appropriate medication therapy, while permitting appropriate professional judgment to individualize medication therapy. In Iowa, the DUR Board is referred to as the Iowa Medicaid DUR Commission. The Iowa DUR Commission is composed of four Iowa licensed physicians and four Iowa licensed pharmacists who serve up to two, four-year terms, as well as a representative from the Department of Human Services. The Commission meets on the first Wednesday six months of the year from 9:30 a.m. to 1:30 p.m.

The DUR Commission is currently seeking a Physician and Pharmacist who serve Medicaid Members to join the committee. Any Physician or Pharmacist interested in serving in this capacity should send a resume or curriculum vitae, as well as a letter indicating their interest to Pam Smith at the address shown below. Candidates that would like more information about the Commission or who would like to speak to a present Commissioner are encouraged to call.

**The deadline for applications is March 30, 2012.
 Term begins July 1, 2012**

Pam Smith, R.Ph.
 DUR Project Coordinator
 Iowa Medicaid Drug Utilization Review Commission
 100 Army Post Road
 Des Moines, IA 50315
 (515) 974-3131
 info@iadur.org

New Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis from the AACE¹

The American Association of Clinical Endocrinologists (AACE) updated its guidelines for the treatment of postmenopausal osteoporosis recently. The goals in the treatment of osteoporosis are to 1) prevent fractures by improving bone strength and reducing the risk of falling and injury; 2) to relieve symptoms of fractures and skeletal deformity; and 3) to maximize physical function.

Candidates for pharmacologic treatment of postmenopausal women include those with the following: 1) a hip or spine fracture (either clinical spine fracture or radiographic fracture) (Grade A); 2) a T-score of -2.5 or below at the spine, femoral neck, or total hip (Grade A); and 3) A T-score between -1.0 and -2.5 at high 10-year risk of fracture with use of the FRAX tool (www.shef.ac.uk/FRAX) where treatment is considered cost-effective if the 10-year risk is 3% or more for hip fracture or 20% or more for major osteoporosis-related fracture (Grade A).

Medications approved by the FDA for prevention or treatment of osteoporosis include bisphosphonates (alendronate, ibandronate, risedronate, and zoledronic acid), calcitonin, denosumab, estrogen, raloxifene, and teriparatide. All of these drugs reduce bone absorption except for teriparatide, which has anabolic effects on bone. The AACE recommends alendronate (*Fosamax*), risedronate (*Actonel*), zoledronic acid (*Reclast*), or denosumab (*Prolia*) as first-line agents due to their efficacy in reducing the risk of vertebral, nonvertebral, and hip fractures. Ibandronate (*Boniva*) is a second-line agent, as it has only been shown to reduce the risk of vertebral fractures. Raloxifene (*Evista*) is recommended as a second or third-line agent, while calcitonin (*Miacalcin*) is recommended as the last-line therapy. Teriparatide (*Forteo*) should be reserved for patients with very high fracture risk or inadequate response with bisphosphonate therapy. Estrogen is approved by the FDA for the prevention of postmenopausal osteoporosis. Once considered the treatment of choice for postmenopausal osteoporosis, estrogen should only be considered for women at significant risk of osteoporosis and for whom non-estrogen medications are not considered to be appropriate.

The guidelines also recommend a “drug holiday” by discontinuing bisphosphonate therapy after an extended period of treatment. This concept is based on the persistent antifracture effects lasting one year or longer after discontinuation. This may decrease the risk of rare adverse events, such as atypical fractures that may be associated with reduced bone turnover or osteonecrosis of the jaw. A drug holiday may be considered in patients with mild osteoporosis after four to five years of bisphosphonate therapy. Patients at a high risk for fracture may take a one to two-year drug holiday after 10 years of bisphosphonate therapy. Bone mineral density and bone turnover markers should continue to be monitored throughout the drug holiday, and treatment should be resumed if the patient experiences a fracture, substantial bone density loss, or increases in bone turnover markers. While a drug holiday is recommended, there are no studies available to support the validity of this recommendation.

Currently, alendronate and *Miacalcin* are the preferred osteoporosis agents on the PDL (www.iowamedicaidpdl.com).

The complete guidelines can be found at the following link:
<https://aace.com/sites/default/files/OsteoGuidelines2010.pdf>

References:

1. Watts, N, et al. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Postmenopausal Osteoporosis. *Endocrine Practice* 2010;16(Suppl 3).

FDA Updates and New/Updated Drug PA Criteria

FDA Update

- The FDA issued a drug safety communication notifying healthcare professionals and the public of a possible increased risk of blood clots with birth control pills containing drospirenone. The statement was prompted by a review of data from two studies recently published in the *British Medical Journal* that reported a greater risk of VTEs (DVTs and PEs) in women who took drospirenone-containing birth control pills compared with women who took birth control pills containing levonorgestrel. A two- to three-fold greater risk of VTEs was reported. Healthcare professionals are being advised to continue to follow the recommendations in the drug labels when prescribing oral contraceptives that contain drospirenone. The known benefits and potential risks should be discussed with patients, and patients should be educated about the signs and symptoms of DVT and PE. Brand names of drospirenone-containing products include *Yaz* (generics *Gianvi* and *Loryna*), *Yasmin* (generics *Ocella*, *Syeda*, and *Zarah*), *Beyaz*, and *Safyral*.
- The FDA has announced new safety recommendations for high-dose simvastatin. The changes in the labeling information for the drug are being made because the 80mg dose has been associated with an elevated risk of muscle injury or myopathy, particularly during the first 12 months of treatment. The risk of muscle injury is greatest during the first year of treatment, is often the result of interactions with certain other medications, and is associated with a genetic predisposition for simvastatin-related muscle injury. The FDA recommends simvastatin 80mg be used only in patients who have been taking this dose for 12 months or more and have not experienced any muscle toxicity. The agency is advising health care professionals not to start new patients on this dose and to prescribe alternative LDL cholesterol-lowering drugs for patients who do not meet their LDL-cholesterol goal on the 40mg dose of simvastatin. Simvastatin is marked as *Zocor* and is also available in generic formulations. It is also available in combination with ezetimibe (*Vytorin*) and in combination with niacin (*Simcor*)

New and Updated Drug Prior Authorization Criteria (changes italicized)

Colchicine (Colcrys®): Prior authorization is not required for colchicine (Colcrys®) for the treatment of acute gout for three (3) tablets per 60-day period. Prior authorization is required for colchicine (Colcrys®) for the treatment of chronic hyperuricemia/gout prophylaxis or Familial Mediterranean fever. Payment will be considered under the following conditions: 1) Chronic hyperuricemia/gout prophylaxis following a trial and therapy failure at a therapeutic dose with allopurinol or probenecid. A quantity limit of sixty (60) tablets per thirty (30) days will be applied, when criteria for coverage for chronic hyperuricemia or gout prophylaxis are met. 2) Familial Mediterranean fever. A maximum quantity limit of 120 tablets per thirty (30) days will be applied for this diagnosis. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Fingolimod (Gilenya™): Prior authorization is required for Gilenya™. Payment will be considered under the following conditions: 1) A diagnosis of relapsing forms of multiple sclerosis, AND 2) A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated. A quantity limit of thirty (30) tablets per thirty (30) days will be applied, when criteria for coverage are met.

Vitamins, Minerals, and Multiple Vitamins: Prior approval is not required for 1) *prescribed multi-vitamins with or without iron* or 2) *vitamin D supplements for patients under 12 months of age* or 3) a prescription product primarily classified as a blood modifier, if that product does not contain more than three vitamins/minerals or for products principally marketed as prenatal vitamin-mineral supplements.

Medicaid Statistics for Prescription Claims

from January 1, 2011 to March 31, 2011*

Number of claims paid: 1,152,083

Average amount paid per claim: \$59.60

Total dollars paid: \$68,667,751.57

Average amount paid per claim, brand: \$220.43

Percent controlled substances: 18.42%

Average Amount paid per claim, generic: \$11.60

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
<i>ProAir HFA</i> \$45.18/RX	<i>Synagis</i> 100mg/ml \$3,126,191 \$1,926.18/RX	Antipsychotics – Atypicals \$11.7 million
Hydrocodone/APAP 5-500 \$4.83/RX	<i>Concerta</i> 36mg \$1,368,629 \$241.89/RX	Stimulants – Amphetamines – Long Acting \$4.6 million
Cheratussin Syrup AC \$5.98/RX	<i>Abilify</i> 5mg \$1,209,194 \$454.24/RX	Stimulants – Methylphenidate-Long Acting \$3.9 million
<i>Lexapro</i> 20mg \$96.06/RX	<i>Concerta</i> 54mg \$941,573 \$212.64/RX	RSV Prophylaxis \$3.4 million
Tramadol HCL 50mg \$6.41/RX	<i>Abilify</i> 10mg \$946,938 \$468.78/RX	Anticonvulsants \$3.4 million

*All dollars reported are Pre-Rebate



The Bulletin of Medicaid Drug Utilization Review in Iowa

DUR Commission Members

Larry Ambrosio, R.Ph.
 Gregory Barclay, M.D.
 Casey Clor, M.D.
 Brett Faine, Pharm.D.
 Mark Graber, M.D., FACEP
 Craig Logemann, R.Ph., Pharm.D.,
 BCPS
 Susan Parker, Pharm.D.
 Laurie Pestel, Pharm.D.
 Sara Schutte-Schenck, D.O., FAAP

* * *

DUR Professional Staff

Pamela Smith, R.Ph.
 DUR Project Coordinator

Initial Treatment with Antidepressants

The American Psychiatric Association's 2010 Practice Guidelines for the Treatment of Patients with Major Depressive Disorder (Third Edition) recommends use of an antidepressant medication as an initial treatment choice for patients with a new diagnosis of mild to moderate major depressive disorder. For most patients, a selective serotonin reuptake inhibitor (SSRI), serotonin norepinephrine reuptake inhibitor (SNRI), mirtazapine, or bupropion is an optimal first choice. When patients treated with an antidepressant fail to respond adequately after a 6-8 week trial, optimizing the medication dose is a reasonable first step if the side effect burden is tolerable and the upper limit of a medication dose has not been reached. An additional strategy recommended for non-responders is augmentation of antidepressant medications with another antidepressant, generally from a different logical class, or a non-antidepressant medication such as lithium, thyroid hormone, or a second-generation antipsychotic.¹ Nowhere in the guidelines does it recommend polypharmacy as an initial treatment.

With the high rate of multiple antidepressant utilization within the Iowa Medicaid population, a query was conducted to examine whether or not members with a new diagnosis of major depression were initiated on polypharmacy. The DUR recently looked at members with a new diagnosis of major depression during a six month time frame (11/1/10 through 4/30/11) to find members initiated on therapy with two or more agents. Members who were flagged as being on duplicate antidepressant therapy but who had co-morbidities for which duplicate antidepressant therapy would be appropriate (i.e. insomnia, neuropathy, GAD, OCD, premenstrual dysphoria disorder, post traumatic stress disorder, and fibromyalgia) were removed. A total of 47 members were identified that had their therapy initiated with two antidepressants.

References:

Gelenberg AJ, Freeman MP, Markowitz JC et al. Practice guidelines for the treatment of patients with major depressive disorder: third edition. American Psychiatric Association, 2010.
http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx. Assessed July 15, 2011.

Annual Call for New Commission Members

Attention Physicians and Pharmacists:
Are you looking for a new professional opportunity?

CMS requires state Medicaid programs to have a drug utilization review (DUR) program consisting of prospective DUR, retrospective DUR, and an educational program. The goal of the DUR program is to ensure appropriate medication therapy, while permitting appropriate professional judgment to individualize medication therapy. In Iowa, the DUR Board is referred to as the Iowa Medicaid DUR Commission. The Iowa DUR Commission is composed of four Iowa licensed physicians and four Iowa licensed pharmacists who serve up to two, four-year terms, as well as a representative from the Department of Human Services. The Commission meets on the first Wednesday six months of the year from 9:30 a.m. to 1:30 p.m.

The DUR Commission is currently seeking a Physician and Pharmacist who serve Medicaid Members to join the committee. Any Physician or Pharmacist interested in serving in this capacity should send a resume or curriculum vitae, as well as a letter indicating their interest to Pam Smith at the address shown below. Candidates that would like more information about the Commission or who would like to speak to a present Commissioner are encouraged to call.

The deadline for applications is March 30, 2012.
Term begins July 1, 2012

Pam Smith, R.Ph.
 DUR Project Coordinator
 Iowa Medicaid Drug Utilization Review Commission
 100 Army Post Road
 Des Moines, IA 50315
 (515) 974-3131
info@iadur.org

Potential Complications with Daily Aspirin Regimen

For patients with at least moderate risk for a coronary event (based on age and cardiac risk factor profile with a 10-year risk of a cardiac event of > 10%), a daily aspirin regimen is recommended.¹ Additionally, patients that have a past medical history of heart attack, arrhythmia, and/or stroke are also recommended to initiate a daily aspirin regimen unless contraindications are present.^{2,3} Due to the high prevalence of cardiovascular disease, many Iowa Medicaid members are using a daily aspirin regimen. While aspirin has been proven to be very beneficial in preventing cardiovascular events, it can create issues with increased drug:drug interactions, and drug:disease state interactions. Recently, data have emerged that suggest that certain NSAIDs, specifically ibuprofen and naproxen, may decrease the cardioprotective effects of low-dose aspirin when administered concurrently.^{4,5,6} Aspirin and NSAIDs are both cyclo-oxygenase inhibitors; aspirin is an irreversible inhibitor whereas other NSAIDs are reversible inhibitors. It is proposed that ibuprofen has a greater affinity than aspirin for the active sites on the cyclo-oxygenase enzyme and inhibition of cyclo-oxygenase would be limited in favor of the reversible inhibition. As a result, the cardio-protective benefits of aspirin are reduced.⁷

Additionally, the combination of daily aspirin with NSAIDs in patients with gastroesophageal reflux disease (GERD) or Peptic Ulcer Disease (PUD) without adequate GI protection with a proton pump inhibitor or histamine₂ blocker is also frequently observed.⁷ The combination can lead to further GI problems including worsening GERD symptoms, ulcers, and/or GI bleeds.

Recently, the DUR looked at Iowa Medicaid Members to determine how many members have naproxen or ibuprofen added to their daily aspirin regimen. Pharmacy claims were reviewed over a three month time frame (2/1/11 through 4/30/11). A total of 67 unique members were identified as combining a daily aspirin regimen with ibuprofen or naproxen.

A second analysis of daily aspirin users focused on members who also had claims within the same 30 day time frame for any NSAID. The analysis showed a high percentage of these members who combined daily aspirin plus scheduled NSAIDs also had a diagnosis of GERD or PUD. Thirty-two (32) members were found to be combining a daily aspirin regimen with NSAIDs with twenty-one (21) members having a diagnosis of GERD/PUD. Six (6) of these members were not receiving treatment with a histamine₂ blocker or PPI.

Educational letters have been sent to the providers of the members identified in this study.

References:

1. Becker RC, Meade TW, Berger PB, et al. The primary and secondary prevention of coronary artery disease. American College of Chest Physicians evidence-based clinical practice guidelines (8th edition). Chest 2008;133(6 Suppl):776S-814S.
2. Singer DE, Albers GW, Dalen JE, et al. Antithrombotic therapy in atrial fibrillation: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition). Chest 2008;133(6 Suppl):546S-592S.
3. Adams RJ, Albers G, Albers MJ, et al. American Heart Association, American Stroke Association. Update to the AHA/ASA recommendations for the prevention of stroke in patients with stroke and transient ischemic attack. Stroke 2008;39:1647-52.
4. MacDonald TM and Wei L, "Effect of Ibuprofen on Cardioprotective Effect of Aspirin," Lancet, 2003, 361(9357):573-4. [PubMed 12598144]
5. Catella-Lawson F, Reilly MP, Kapoor SC, et al, "Cyclooxygenase Inhibitors and the Antiplatelet Effects of Aspirin," N Engl J Med, 2001, 345(25):1809-17. [PubMed 11752357]
6. Capone ML, Sciuilli MG, Tacconelli S, et al, "Pharmacodynamic Interaction of Naproxen with Low-Dose Aspirin in Healthy Subjects," J Am Coll Cardiol, 2005, 45(8):1295-301. [PubMed 15837265]
7. Drug Facts and Comparisons. Drug Facts and Comparisons 4.0 [online]. 2011. Available from Wolters Kluwer Health, Inc. Accessed July 2011.

FDA Update

The FDA has notified health care providers that the black box warning and Warnings and Precautions sections of labeling for the entire class of tumor necrosis factor-alpha (TNF-alpha) blockers has been updated to include the risk of infection from two bacterial pathogens, *Legionella* and *Listeria*. TNF-alpha blockers are indicated for treatment of Crohns disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, plaque psoriasis, and/or juvenile idiopathic arthritis. Patients treated with TNF-alpha blockers are at an increased risk for developing serious infections due to bacterial, mycobacterial, fungal, viral, parasitic, and other opportunistic pathogens. Any adverse events that may be related to the use of this product should be reported to the FDA's MedWatch Adverse Event Reporting program.

New and Updated Drug Prior Authorization Criteria (changes italicized)

Extended Release Oxycodone (OxyContin®)

Extended release oxycodone/OxyContin® is non-preferred except for patients being treated for cancer related pain. Prior authorization at any dose twice daily for cancer related pain will be approved. For all other diagnoses, *payment will be considered under the following conditions:*

- 1. There is documentation of previous trials and therapy failures with two (2) chemically distinct preferred long-acting narcotics (such as an extended-release morphine sulfate and methadone) at therapeutic doses, and*
- 2. A trial and therapy failure with fentanyl patch at maximum tolerated dose, and*
- 3. A signed chronic opioid therapy management plan between the prescriber and patient must be included with the prior authorization, and*
- 4. The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/> prior to requesting prior authorization.*
- 5. Requests will only be considered for 12 hour dosing.*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Hepatitis C Protease Inhibitors

Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:

1. A diagnosis of hepatitis C genotype 1, and
2. Patient is 18 years of age or older, and
3. Administered in combination with peginterferon alfa and ribavirin.
4. HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™). Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels. A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).
5. HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™) and patient must not be a prior null responder to standard treatment. Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels. Prior authorizations will be approved for a maximum of 24, 32, or 40 weeks of therapy with boceprevir (Victrelis™) based on response.

Medicaid Statistics for Prescription Claims

from July 1, 2011 to September 30, 2011*

Number of claims paid: 1,067,331

Average amount paid per claim: \$60.27

Total dollars paid: \$64,316,343.34

Average amount paid per claim, brand: \$212.79

Percent controlled substances: 18.42%

Average Amount paid per claim, generic: \$11.56

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
Hydrocodone/APAP 5-500 \$4.79/RX	<i>Concerta</i> 36mg \$1,341,125 \$247.49/RX	Antipsychotics – Atypicals \$12.3 million
Loratadine 10mg \$8.47/RX	<i>Abilify</i> 5mg \$1,269,086 \$477.30/RX	Stimulants – Amphetamines – Long Acting \$4.4 million
<i>ProAir</i> HFA \$46.24/RX	<i>Abilify</i> 10mg \$1,008,891 \$479.95/RX	Stimulants – Methylphenidate-Long Acting \$3.4 million
Lorazepam 0.5mg \$5.30/RX	Singulair 10mg \$992,662 \$153.41/RX	Antidepressants – Selected SSRIs \$3.2 million
Tramadol HCl 50mg \$5.43/RX	<i>Lexapro</i> 20mg \$942,702 \$105.73/RX	Anticonvulsants \$3.2 million

*All dollars reported are Pre-Rebate



The Bulletin of Medicaid Drug Utilization Review in Iowa

DUR Commission Members

Larry Ambrosion, R.Ph.
Gregory Barclay, M.D.
Casey Clor, M.D.
Brett Faine, Pharm.D.
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D.,
BCPS
Susan Parker, Pharm.D.
Laurie Pestel, Pharm.D.
Sara Schutte-Schenck, D.O., FAAP

* * *

DUR Professional Staff

Pamela Smith, R.Ph.
DUR Project Coordinator

Inappropriate Pediatric Antibiotic Prescribing in Ambulatory Setting

Antibiotics are among the most commonly prescribed medications in pediatric patients, with more than 30 million prescriptions written annually. Rates of antibiotic prescribing in ambulatory settings have been declining, yet antibiotic overuse continues, contributing to the development of antibiotic-resistant pathogens, unnecessary costs, and avoidable adverse events. In December 2011, *Pediatrics* published an article examining antibiotic prescribing patterns in ambulatory pediatric patients in the United States. Two nationwide databases were analyzed, looking at visits to offices, outpatient departments, and emergency departments by children younger than 18 years from 2006 to 2008.

Antibiotics were prescribed in an estimated 49 million pediatric ambulatory visits. Broad-spectrum antibiotics were prescribed in 50% of these visits, with macrolides prescribed most often, followed by broad-spectrum cephalosporins. The most common visit was for respiratory conditions (72%) in which antibiotics were prescribed. Prescriptions for broad-spectrum antibiotics were highest (63%) for acute respiratory tract infections for which antibiotics were not indicated (such as for nasopharyngitis, bronchitis, viral pneumonia, and influenza). It is estimated that 2.1 million prescriptions are written for bronchitis annually.

References:

Hersh AL et al. Antibiotic prescribing in ambulatory pediatrics in the United States. *Pediatrics* 2011 Dec; 128:1053.

Vitamin E Supplements Linked to Increase in Prostate Cancer Risk

There is an increased risk of prostate cancer in healthy middle-aged and older men who take vitamin E supplements according an update to the SELECT (Selenium and Vitamin E Cancer Prevention Trial) trial. The study included over 35 thousand North American men aged 50 years or older if black or 55 years or older if of other races/ethnicities. Those that had an average risk of prostate cancer were randomized into four groups: Vitamin E (400 IU per day, all rac-alpha-tocopherol acetate), selenium (200 mcg per day), the combination of vitamin E and selenium, or a placebo. When the trial was halted 5.5 years after starting due to treatment futility, men in the vitamin E group had a slightly increased risk of prostate cancer compared to men in the placebo group. But, 1.5 years after the trial had been stopped (follow-up 7 years after trial was initiated), those that took vitamin E (400 IU daily) had a 17% greater risk of prostate cancer than those that took placebo, indicating the effect of vitamin E continues even after discontinuation. It is not know how vitamin E increases prostate cancer and more studies are needed to determine the cause. Interestingly, men who took vitamin E with selenium did not have any significant increase in the risk of prostate cancer. It is unknown why adding selenium to vitamin E eliminates the risk of prostate cancer.

JAMA 2011;306:1549-56

Antipsychotics in Iowa Medicaid Children

The use of antipsychotic agents has increased greatly over the past decade, specifically in children and adolescents.¹ In the United States, from 1993 to 2002, outpatient antipsychotic use for patients age 20 years and younger increased approximately 6-fold.² Recently there has been increased public scrutiny, controversy, and debate regarding the escalating use of antipsychotic agents in children and the absence of data on long-term effects.³ The majority of outpatient pediatric prescriptions, including psychotropics, are used off label.⁴ The long-term efficacy and safety of second generation antipsychotics, as well as other psychotropics, has not been well established for a clinical indication.

The DUR reviewed a letter from the Department of Health and Human Services (HHS) dated November 23, 2011 at the December 2011 DUR meeting regarding the effective use of psychotropic medications among children in foster care. The DUR came to the consensus that this issue should be addressed within the entire Iowa Medicaid population. The letter addressed specific issues; polypharmacy and limited studies for the safety and efficacy for use of these medications in children. The letter went on to further recommend states use their Drug Utilization Review (DUR) programs to monitor dispensing at the point of service and influence prescriber behavior. Suggestions include system edits to limit inappropriate dosage and polypharmacy. The DUR is currently working on strategies to address this issue and will be obtaining input from the Mental Health Advisory Group during this process.

Recently, the DUR Commission reviewed pharmacy claims data for members 0 through 17 years of age with claims for two or more antipsychotics concurrently for 45 or more days from September 1, 2011 through November 30, 2011. There were a total of 142 members identified.

Number of Members Aged 0 Through 17 Years with Multiple Antipsychotics for ≥ 45 days

Age (Years)	N of Members	N of Prescribers
0-5	5	6
6-11	30	37
12-17	107	61

The DUR Commission determined letters should be sent to the prescribers of the 142 members asking if the patient had experienced multiple failures with several monotherapy trials with an antipsychotic prior to using multiple antipsychotics. Results of this educational initiative will be brought to a future DUR meeting.

References:

1. Vitiello B, Correll C, Van Zwieten-Boot, Zuddas A, Parellada M, Arango C. Antipsychotics in children and adolescents: Increasing use, evidence for efficacy and safety concerns. Eur Neuropsychopharmacol. 2009 May 23, Epub.
2. Olfson M, Blanco C, Liu L, Moreno C, Laje G. National trends in the outpatient treatment of children and adolescents with antipsychotic drugs. Arch Gen Psychiatry. 2006; 63:679-685. Abstract
3. Parens E, Johnston J. Understanding the agreements and controversies surrounding childhood psychopharmacology. Child Adolesc Psychiatry Ment Health. 2008; 2:5.
4. Bazzano AT, Mangione-Smith R, Schonlau M, Suttrop MJ, Brook RH. Off-label prescribing to children in the United States outpatient setting. Acad Pediatr. 2009;9:81-88. Abstract

FDA Update

The U.S. Food and Drug Administration (FDA) has announced that proton pump inhibitors (PPIs) may be associated with an increased risk of *Clostridium difficile*-associated diarrhea (CDAD). The FDA reviewed reports of PPI-associated CDAD from the FDA Adverse Event Reporting System and from the medical literature. The association of PPI use and CDAD varied among studies, ranging from a risk of 1.4 to 2.75 higher in those exposed to a PPI compared to those without PPI exposure. Many of the cases reported involved patients who were elderly, had chronic and/or underlying conditions, or were taking broad-spectrum antibiotics, all of which could have increased the risk of CDAD. In spite of potential predisposition to CDAD, or other limitations to study design, association with PPI use could not be ruled out and patients with these risk factors may have more serious outcomes from CDAD associated with PPI use. The FDA is working with manufacturers to include information regarding the increased risk of CDAD with use of PPIs in their prescribing information and is also evaluating the risk of CDAD in users of histamine H2 receptor blockers.

The FDA is evaluating postmarketing reports of serious bleeding events in patients taking *Pradaxa* (dabigatran etexilate mesylate), indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation. The FDA is working to determine whether reports of bleeding in patients taking *Pradaxa* are occurring more commonly than would be expected. The FDA continues to believe that *Pradaxa* provides an important health benefit when used as directed and recommends that health care providers follow the recommendations in the approved drug label. Patients should not stop taking *Pradaxa* without talking to their health care provider.

The FDA has added new safety alerts to the prescribing information for statins, citing rare risks of memory loss, diabetes, and muscle pain. Among the drugs affected are *Lipitor* (atorvastatin), *Zocor* (simvastatin), *Crestor* (rosuvastatin), and *Vytorin* (ezetimibe/simvastatin). The FDA said the new alerts should not discourage patients from taking statins and that patients with diabetes, or who develop diabetes while taking statins, should continue taking the medicine.

New Drug Prior Authorization Criteria

Roflumilast (Daliresp™)

Prior authorization is required for roflumilast (Daliresp™). Payment will be considered for patients 18 years of age or older when the following is met:

1. A diagnosis of severe COPD with chronic bronchitis as documented by spirometry results, and
2. A smoking history of ≥ 20 pack-years, and
3. Currently on a long-acting bronchodilator in combination with an inhaled corticosteroid with documentation of inadequate control of symptoms, and
4. A history of at least one exacerbation in the past year requiring treatment with oral glucocorticosteroids.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dextromethorphan and Quinidine (Nuedexta™)

Prior authorization is required for Nuedexta™. Payment will be considered under the following conditions:

1. Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS).
2. A trial and therapy failure at a therapeutic dose with amitriptyline or an SSRI.
3. Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Lablity Scale (CNS-LS) questionnaire.
4. Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.

Medicaid Statistics for Prescription Claims

from October 1, 2011 to December 31, 2011*

Number of claims paid: 1,142,899

Average amount paid per claim: \$60.44

Total dollars paid: \$69,078,933.52

Average amount paid per claim, brand: \$221.19

Percent controlled substances: 18.43%

Average Amount paid per claim, generic: \$12.15

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
<i>ProAir HFA</i> \$48.16/RX	<i>Concerta 36mg</i> \$1,306,550 \$235.00/RX	Antipsychotics – Atypicals \$12.2 million
Hydrocodone/APAP 5-500 \$4.78/RX	<i>Abilify 5mg</i> \$1,216,907 \$432.60/RX	Stimulants – Amphetamines – Long Acting \$4.6 million
<i>Lexapro 20mg</i> \$106.75/RX	<i>Synagis 100mg/ml</i> \$853,782 \$2571.63/RX	Stimulants – Methylphenidate-Long Acting \$3.6 million
APAP 325mg \$5.18/RX	<i>Concerta 54mg</i> \$918,150 \$270.63/RX	Antidepressants – Selected SSRIs \$3.2 million
<i>Concerta 36mg</i> \$235.00/RX	<i>Abilify 10mg</i> \$927,438 \$450.65/RX	Anticonvulsants \$3.1 million

*All dollars reported are Pre-Rebate

Appendix K

Web Site

Iowa Medicaid Drug Utilization Review Commission

- DUR Information
- [Home](#)
- [Meeting Information](#)
- [Agendas](#)
- [Minutes](#)
- Newsletters
- [Members](#)
- [Meeting Archive](#)
- [Report Archive](#)
- Mental Health Advisory Group
- [Advisory Group Meeting Information](#)
- [Advisory Group Minutes](#)
- [Advisory Group Agendas](#)
- Contact
- [DUR Commission](#)

DUR Newsletters

[Members](#)

DUR Digest

- [2012, Volume 25, Number 3](#)
 - Inappropriate Pediatric Antibiotic Prescribing in Ambulatory Setting
 - Antipsychotics in Iowa Medicaid Children
 - Medicaid Statistics for Prescription Claims from October 1, 2011 through December 31, 2011
- [2012, Volume 24, Number 2](#)
 - Initial Treatment with Antidepressants
 - Potential Complications with Daily Aspirin Regimen
 - Medicaid Statistics for Prescription Claims from July 1, 2011 to September 30, 2011
- [2011, Volume 24, Number 1](#)
 - Commission Welcomes New Member

- Annual Call for New Commission Members
 - New Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis from the AACE
- [2011, Volume 23, Number 3](#)
 - Prevention of Cardiovascular Disease in Women
 - FDA Updates and New Drug PA Criteria
 - Medicaid Statistics for prescription Claims October 1, 2010 to December 31, 2010
- [2011, Volume 23, Number 2](#)
 - Annual Call for New Commission Member
 - The Use of Clopidogrel in Acute Coronary Syndrome and Cerebrovascular Disease
 - DUR Activities
- [2010, Volume 23, Number 1](#)
 - Commission Welcomes New Member
 - Annual Call for New Commission Member
 - Prevention and Management of Diabetes-Dyslipidemia
 - DUR Activities
- [2010, Volume 22, Number 3](#)
 - Drugs for Dementia
 - Diabetes News
 - DUR Activities
- [2010, Volume 22, Number 2](#)
 - ECG Monitoring in Patients on Methadone
 - News You Can Use
 - DUR Activities
- [2009, Volume 22, Number 1](#)
 - Commission Welcomes New Members
 - Palivizumab (Synagis) PA Criteria Update
 - DUR Activities
- [2009 Volume 21, Number 3](#)
 - PPI Interactions with Clopidogrel and a Review of Current PPI PA Criteria
 - Recommendations for Managing Elevated INRs in Patients on Vitamin K Antagonists
 - Medicaid Statistics for Prescription Claims from January 1, 2009 to March 31, 2009
- [2009 Volume 21, Number 2](#)
 - Quarterly Narcotic Utilization Report

- Antihistamine Prior Authorization Criteria and Other Preferred Medications Used to Treat Seasonal Allergies
 - DUR Activities
- [2008 Volume 21, Number 1](#)
 - 2008-09 RSV and Influenza Season
 - Metabolic Syndrome
 - New DUR Subcontractor
- [2008 Volume 20, Number 3](#)
 - Are Non-Benzodiazepine Sedative Hypnotics Less Addictive Than Benzodiazepines?
 - The Use of Atypical Antipsychotics in Preschool Aged Children
 - I-MERS

[Newsletters archive](#)

[Visitor](#)

Appendix L

Quarterly Management Reports

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	May/June 2011	July/August 2011	% CHANGE
Total Paid Amount	\$38,878,750	\$38,567,280	-0.8%
Unique Users	152,625	149,038	-2.4%
Cost Per User	\$254.73	\$258.77	1.6%
Total Prescriptions	647,086.0	632,351.0	-2.3%
Average Prescriptions Per User	4.24	4.24	0.0%
Average Cost Per Prescription	\$60.08	\$60.99	1.5%
# Generic Prescriptions	493,279	485,288	-1.6%
% Generic	76.2%	76.7%	0.7%
\$ Generic	\$5,639,016	\$5,488,612	-2.7%
Average Generic Prescription Cost	\$11.43	\$11.31	-1.0%
Average Days Supply	21	22	4.8%
# Brand Prescriptions	153,807	147,063	-4.4%
% Brand	23.8%	23.3%	-2.1%
\$ Brand	\$33,239,734	\$33,078,668	-0.5%
Average Brand Prescription Cost	\$216.11	\$224.93	4.1%
Average Days Supply	27	27	0.0%

Utilization by Age

Age	May/June 2011	July/August 2011
0-6	33,461	30,250
7-12	22,834	23,324
13-18	20,921	21,025
19-64	63,587	62,903
65+	11,822	11,536
	152,625	149,038

Utilization by Gender and Age

Gender	Age	May/June 2011	July/August 2011
F			
	0-6	15,735	14,292
	7-12	9,897	10,330
	13-18	10,960	11,138
	19-64	45,201	44,710
	65+	8,881	8,618
		90,674	89,088
M			
	0-6	17,726	15,958
	7-12	12,937	12,994
	13-18	9,961	9,887
	19-64	18,386	18,193
	65+	2,941	2,918
		61,951	59,950

Top 100 Pharmacies by Prescription Count

July/August 2011

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #04405	COUNCIL BLUFFS	IA	8,260	\$490,799.19	2
2	WALGREEN #05239	DAVENPORT	IA	8,121	\$418,264.33	1
3	WALGREEN #05721	DES MOINES	IA	6,836	\$320,692.19	4
4	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	6,810	\$306,378.81	3
5	WALGREENS #07453	DES MOINES	IA	5,543	\$283,746.61	6
6	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,435	\$223,511.04	5
7	MARTIN HEALTH SERVICES INC	DENVER	IA	5,395	\$160,131.90	7
8	WALGREEN #910	SIOUX CITY	IA	5,278	\$289,908.17	8
9	WALGREEN #359	DES MOINES	IA	5,274	\$281,610.32	9
10	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,026	\$278,923.03	12
11	WALGREEN #05362	DES MOINES	IA	4,871	\$238,199.09	10
12	WALGREEN COMPANY 07455	WATERLOO	IA	4,827	\$215,437.63	11
13	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,575	\$139,252.90	14
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,326	\$266,372.63	13
15	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,287	\$210,447.44	15
16	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,571	\$230,696.09	18
17	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,473	\$226,652.98	19
18	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,455	\$188,184.08	17
19	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,422	\$167,265.30	20
20	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,413	\$188,913.87	25
21	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,375	\$99,307.29	26
22	WALGREEN #04041	DAVENPORT	IA	3,360	\$163,795.42	23
23	WALGREEN #05852	DES MOINES	IA	3,358	\$176,183.53	24
24	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,350	\$215,895.15	21
25	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	3,196	\$160,938.00	16
26	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,157	\$191,281.44	28
27	WALGREEN COMPANY 05777	DES MOINES	IA	3,140	\$163,276.08	27
28	WALGREEN #332	DAVENPORT	IA	3,134	\$170,422.60	29
29	RASHID PHARMACY PLC	FORT MADISON	IA	2,997	\$175,981.58	22
30	WALGREEN #03595	DAVENPORT	IA	2,946	\$140,696.10	32
31	MAHASKA DRUG INC	OSKALOOSA	IA	2,803	\$157,418.57	30
32	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,782	\$129,798.62	31
33	WALGREEN #05044	BURLINGTON	IA	2,771	\$131,140.02	36
34	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,763	\$141,257.68	34
35	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,568	\$194,652.09	35
36	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,540	\$222,773.25	37
37	MERCY CAREMOR	DUBUQUE	IA	2,498	\$90,600.81	38
38	WALGREENS #05119	CLINTON	IA	2,473	\$144,017.22	33

39	WALGREEN #7452	DES MOINES	IA	2,317	\$125,168.36	46
40	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,294	\$133,775.52	47
41	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,288	\$77,876.21	42
42	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,260	\$137,313.31	41
43	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,230	\$112,427.59	39
44	WALGREENS #10855	WATERLOO	IA	2,219	\$108,032.27	44
45	WALGREEN #05361	FORT DODGE	IA	2,212	\$126,526.64	43
46	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,209	\$125,930.88	48
47	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,187	\$115,868.24	49
48	DANIEL PHARMACY INC	FORT DODGE	IA	2,178	\$114,387.57	45
49	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,147	\$90,559.64	50
50	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,093	\$190,182.00	51
51	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,091	\$101,443.67	52
52	WALGREENS 07968	DES MOINES	IA	2,073	\$105,624.37	55
53	WALGREEN #05886	KEOKUK	IA	2,064	\$100,296.28	58
54	HY-VEE PHARMACY (1522)	PERRY	IA	2,064	\$132,251.70	40
55	WALGREENS #09476	BURLINGTON	IA	2,059	\$107,731.81	61
56	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,023	\$128,040.34	53
57	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	1,970	\$103,278.56	96
58	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,964	\$123,460.97	54
59	LA GRANGE PHARMACY INC	VINTON	IA	1,955	\$109,512.26	66
60	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	1,950	\$97,893.86	59
61	WALGREENS #11942	DUBUQUE	IA	1,941	\$103,649.65	60
62	SCOTT PHARMACY INC	FAYETTE	IA	1,929	\$88,991.22	70
63	WALGREEN #03196	MARSHALLTOWN	IA	1,885	\$108,638.24	57
64	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,882	\$95,416.06	67
65	HY-VEE PHARMACY (1065)	CHARITON	IA	1,866	\$89,935.75	83
66	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	1,864	\$92,318.74	65
67	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,863	\$99,292.87	62
68	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,852	\$173,755.88	63
69	PHIL CARE PHARMACY	CEDAR RAPIDS	IA	1,844	\$130,848.30	56
70	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,807	\$96,522.65	86
71	WALGREEN #05077	IOWA CITY	IA	1,802	\$87,032.63	68
72	MERWIN LTC PHARMACY	ANKENY	IA	1,796	\$58,338.82	203
73	KIMBALL AVENUE DRUG	WATERLOO	IA	1,789	\$78,309.80	69
74	WALGREEN #09708	DUBUQUE	IA	1,760	\$93,113.81	64
75	WALGREENS #03876	MARION	IA	1,733	\$93,158.35	76
76	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,708	\$76,649.45	75
77	HY-VEE PHARMACY (1075)	CLINTON	IA	1,704	\$99,625.83	97
78	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,697	\$88,926.92	74
79	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,690	\$94,218.24	82
80	WAGNER PHARMACY	CLINTON	IA	1,684	\$111,167.82	71
81	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,669	\$100,622.40	90
82	FIFIELD PHARMACY	DES MOINES	IA	1,667	\$89,794.23	92
83	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,663	\$70,973.38	72

84	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,662	\$96,669.52	80
85	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,657	\$90,528.75	79
86	WALGREEN #4714	DES MOINES	IA	1,639	\$87,524.75	78
87	HY-VEE PHARMACY 1071	CLARINDA	IA	1,624	\$87,605.97	73
88	HAMMER PHARMACY	DES MOINES	IA	1,623	\$146,248.36	89
89	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,615	\$101,340.84	91
90	WALGREEN COMPANY #05941	MASON CITY	IA	1,607	\$87,041.48	100
91	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,604	\$83,930.92	98
92	WALGREENS #07833	DES MOINES	IA	1,601	\$98,974.40	99
93	HY VEE PHARMACY #1449	NEWTON	IA	1,597	\$88,017.89	87
94	WALGREENS #05977	CORALVILLE	IA	1,586	\$74,664.70	85
95	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	1,579	\$98,357.17	77
96	WALGREEN #05942	NEWTON	IA	1,571	\$95,088.83	84
97	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,563	\$88,951.42	101
98	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,548	\$118,844.64	105
99	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,547	\$113,293.05	88
100	HUGHES PHARMACIES INC	WATERLOO	IA	1,529	\$92,770.95	108

Top 100 Pharmacies by Paid Amount July/August 2011

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #04405	COUNCIL BLUFFS	IA	8,260	\$490,799.19	1
2	CURASCRIP PHARMACY INC	ORLANDO	FL	33	\$461,238.10	4
3	WALGREEN #05239	DAVENPORT	IA	8,121	\$418,264.33	2
4	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	175	\$394,057.95	3
5	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	81	\$349,023.49	9
6	WALGREEN #05721	DES MOINES	IA	6,836	\$320,692.19	7
7	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	6,810	\$306,378.81	6
8	WALGREEN #910	SIOUX CITY	IA	5,278	\$289,908.17	8
9	WALGREENS #07453	DES MOINES	IA	5,543	\$283,746.61	12
10	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	11	\$282,258.96	5
11	WALGREEN #359	DES MOINES	IA	5,274	\$281,610.32	10
12	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,026	\$278,923.03	13
13	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,326	\$266,372.63	11
14	WALGREEN #05362	DES MOINES	IA	4,871	\$238,199.09	16
15	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,571	\$230,696.09	20
16	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,473	\$226,652.98	17
17	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	13	\$224,591.58	15
18	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,435	\$223,511.04	19
19	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,540	\$222,773.25	18
20	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,350	\$215,895.15	21
21	WALGREEN COMPANY 07455	WATERLOO	IA	4,827	\$215,437.63	24
22	US BIOSERVICE CORPORATION	FRISCO	TX	58	\$211,786.87	43
23	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,287	\$210,447.44	23
24	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	985	\$205,993.98	25
25	ARJ INFUSION SERVICES INC	LENEXA	KS	7	\$198,533.11	14
26	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,568	\$194,652.09	26
27	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,157	\$191,281.44	30
28	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,093	\$190,182.00	32
29	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,413	\$188,913.87	31
30	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,455	\$188,184.08	27
31	ACCREDITO HEALTH GROUP INC	WARRENDAL	PA	34	\$179,134.31	29

32	WALGREEN #05852	DES MOINES	IA	3,358	\$176,183.53	38
33	RASHID PHARMACY PLC	FORT MADISON	IA	2,997	\$175,981.58	28
34	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,852	\$173,755.88	61
35	WALGREEN #332	DAVENPORT	IA	3,134	\$170,422.60	33
36	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,422	\$167,265.30	34
37	WALGREEN #04041	DAVENPORT	IA	3,360	\$163,795.42	35
38	WALGREEN COMPANY 05777	DES MOINES	IA	3,140	\$163,276.08	36
39	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	3,196	\$160,938.00	22
40	MARTIN HEALTH SERVICES INC	DENVER	IA	5,395	\$160,131.90	46
41	MAHASKA DRUG INC	OSKALOOSA	IA	2,803	\$157,418.57	37
42	HAMMER PHARMACY	DES MOINES	IA	1,623	\$146,248.36	42
43	WALGREENS #05119	CLINTON	IA	2,473	\$144,017.22	45
44	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,763	\$141,257.68	48
45	WALGREEN #03595	DAVENPORT	IA	2,946	\$140,696.10	40
46	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,575	\$139,252.90	58
47	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,260	\$137,313.31	39
48	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,294	\$133,775.52	47
49	HY-VEE PHARMACY 1382	LE MARS	IA	1,467	\$133,480.08	51
50	HY-VEE PHARMACY (1522)	PERRY	IA	2,064	\$132,251.70	44
51	WALGREEN #05044	BURLINGTON	IA	2,771	\$131,140.02	55
52	PHIL CARE PHARMACY	CEDAR RAPIDS	IA	1,844	\$130,848.30	50
53	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,782	\$129,798.62	41
54	MEDFUSION RX LLC	FRANKLIN	TN	52	\$129,601.19	56
55	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,023	\$128,040.34	49
56	WALGREEN #05361	FORT DODGE	IA	2,212	\$126,526.64	59
57	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,209	\$125,930.88	62
58	WALGREEN #7452	DES MOINES	IA	2,317	\$125,168.36	63
59	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,964	\$123,460.97	57
60	GREENWOOD DRUG INC	WATERLOO	IA	1,484	\$120,604.78	52
61	AXELACARE HEALTH SOLUTIONS LLC	LENEXA	KS	4	\$119,839.15	68
62	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,548	\$118,844.64	71
63	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,187	\$115,868.24	60
64	DANIEL PHARMACY INC	FORT DODGE	IA	2,178	\$114,387.57	69
65	MEYER HEALTHMART PHARMACY	WAVERLY	IA	1,528	\$113,395.96	64
66	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,547	\$113,293.05	54
67	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,230	\$112,427.59	65
68	WAGNER PHARMACY	CLINTON	IA	1,684	\$111,167.82	66

69	LA GRANGE PHARMACY INC	VINTON	IA	1,955	\$109,512.26	78
70	WALGREENS INFUSION SERVICES	OMAHA	NE	41	\$109,061.70	53
71	WALGREEN #03196	MARSHALLTOWN	IA	1,885	\$108,638.24	70
72	WALGREENS #10855	WATERLOO	IA	2,219	\$108,032.27	91
73	WALGREENS #09476	BURLINGTON	IA	2,059	\$107,731.81	72
74	WALGREENS 07968	DES MOINES	IA	2,073	\$105,624.37	76
75	WALGREENS #11942	DUBUQUE	IA	1,941	\$103,649.65	75
76	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	1,970	\$103,278.56	124
77	HY VEE DRUGSTORE 7007-039	AMES	IA	1,121	\$101,482.04	79
78	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,091	\$101,443.67	90
79	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,615	\$101,340.84	80
80	ACCREDITO HEALTH GROUP INC	IOWA CITY	IA	21	\$100,891.16	67
81	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,669	\$100,622.40	95
82	WALGREEN #05886	KEOKUK	IA	2,064	\$100,296.28	81
83	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,246	\$100,221.52	106
84	HY-VEE PHARMACY (1075)	CLINTON	IA	1,704	\$99,625.83	94
85	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,375	\$99,307.29	98
86	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,863	\$99,292.87	87
87	WALGREENS #07833	DES MOINES	IA	1,601	\$98,974.40	77
88	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	1,579	\$98,357.17	74
89	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	1,950	\$97,893.86	99
90	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,662	\$96,669.52	88
91	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,807	\$96,522.65	89
92	WALGREEN COMPANY DBA	OTTUMWA	IA	1,443	\$95,963.78	85
93	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,882	\$95,416.06	82
94	WALGREEN #05942	NEWTON	IA	1,571	\$95,088.83	110
95	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,690	\$94,218.24	73
96	ATLANTIC MEDICAL CTR PHARM	ATLANTIC	IA	1,395	\$94,141.49	93
97	STANGEL PHARMACY	ONAWA	IA	1,510	\$93,757.85	132
98	WALGREENS #03876	MARION	IA	1,733	\$93,158.35	97
99	WALGREEN #09708	DUBUQUE	IA	1,760	\$93,113.81	118
100	HUGHES PHARMACIES INC	WATERLOO	IA	1,529	\$92,770.95	103

Top 100 Prescribing Providers by Prescription Count July/August 2011

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA ALI HAMDAN MD	\$195,728.52	1,870	2
2	MARVIN F PIBURN JR, MD	\$137,017.31	1,722	1
3	SARAH A JUSTMANN ARNP	\$161,546.79	1,720	4
4	LARRY RICHARDS DO	\$164,818.89	1,685	5
5	ROY W OVERTON III DO	\$45,135.40	1,664	3
6	DONNER DEWDNEY MD	\$76,331.34	1,366	6
7	KENT ELDON KUNZE MD	\$169,070.03	1,340	10
8	QAZI UMAR JAVED MD	\$129,799.24	1,325	8
9	COMM HLTH CTRS OF SOUTHEASTERN I	\$78,974.78	1,315	7
10	PETER JOSEPH SZEIBEL MD	\$151,933.13	1,283	9
11	JEFFREY D WILHARM MD	\$109,769.12	1,266	13
12	E RICHARD NIGHTINGALE III MD	\$132,708.09	1,264	19
13	SRIRAMAMURTHY RAVIPATI MD	\$143,376.14	1,212	12
14	KEVIN JOHN TOOK MD	\$156,087.01	1,164	18
15	ALI SAFDAR MD	\$114,712.43	1,099	25
16	RONALD BRINK MD	\$129,512.20	1,095	14
17	THOMAS SCOTT HOPKINS DO	\$87,916.83	1,092	11
18	BRYANT MUTCHLER DO	\$47,824.73	1,069	15
19	RAY C STURDEVANT MD	\$110,323.09	1,056	21
20	J PATRICK BERTROCHE DO	\$157,837.96	1,053	17
21	WILLIAM MYRON NISSEN MD	\$84,876.26	1,052	22
22	CAROL SCHMIDT ARNP	\$40,819.16	1,045	24
23	TODD KENT POGUE DO	\$87,964.38	1,002	33
24	CARLA K ABEL-ZIEG ARNP	\$121,186.24	985	16
25	DAVID V GIERLUS DO	\$40,571.55	945	23
26	PAUL DENNIS PETERSON DO	\$52,481.48	942	38
27	CAROL D AUNAN ARNP	\$93,511.29	941	39
28	KRISHNA POOJAPPA MURTHY MD	\$96,057.71	936	37
29	RANDALL KAVALIER DO	\$104,579.18	931	26
30	SHARON DUCLOS MD	\$45,729.39	928	31
31	THOMAS C PIEKENBROCK MD	\$69,780.65	916	29
32	MARTIN FIALKOV MD	\$83,678.56	890	20

33	CYD GRAFF ARNP	\$55,779.00	875	41
34	FRANK L BABCOCK, MD	\$80,171.83	871	36
35	KATHLEEN L WILD ARNP	\$87,392.97	860	44
36	WILLI MARTENS MD	\$37,482.46	839	35
37	DENNIS S JONES MD	\$45,822.11	827	28
38	BJIRO VIVIAN AGBORO-IDAHOA MD	\$74,750.45	823	43
39	JAMES STEPHEN BROOKS MD	\$93,307.78	823	48
40	ALBERT OKINE PAC	\$103,374.97	814	45
41	ALLYSON L WHEATON MD	\$84,391.31	811	56
42	JOHN FRANKLIN STECKER III MD	\$94,270.76	808	61
43	KATHLEEN S ADAMS ARNP	\$121,306.70	794	32
44	MARY C SEGRETO DO	\$109,391.79	790	63
45	ODUAH DANIEL OSARO MD	\$46,384.87	789	40
46	RANDY R ROBINSON MD	\$34,812.67	786	42
47	KIMBERLY ANN THOMPSON DO	\$28,612.38	785	57
48	CHRISTEL L SEEMANN DO	\$37,416.65	783	53
49	SHAWN DENNIS JONES MD	\$57,713.62	771	67
50	RICHARD J KOZENY JR MD	\$37,678.45	769	50
51	ISAM ELIAS MARAR MD	\$50,592.58	766	46
52	ANNE LASH ARNP	\$80,328.05	759	27
53	DAVID M CRAVEN MD	\$30,846.81	749	49
54	JOADA BEST ARNP	\$88,992.72	747	75
55	ROBERT D CONNER JR DO	\$15,496.79	742	34
56	ADIB KASSAS MD	\$49,613.20	733	59
57	ERIN HATCHER ARNP	\$96,031.02	733	30
58	LAURA VANCLEVE DO	\$70,153.57	713	65
59	RONALD WILLIAM GRAEFF MD	\$53,766.49	707	52
60	MUHAMMAD PATHAN MD	\$38,810.58	706	68
61	KIRAN BHASKAR KHANOLKAR MD	\$31,364.73	699	47
62	MAEN M HADDADIN MD	\$29,361.67	696	71
63	JERROLD V FLATT DO	\$21,178.66	692	76
64	ANDREA BETH HEMESATH ARNP	\$50,224.07	690	125
65	LOUIS PASQUALE GERBINO MD	\$57,853.87	687	70
66	MARK S HENSLEY	\$77,958.31	679	91
67	WILLIAM EARL HOWARD DO	\$32,780.84	674	82
68	JON GREGORY THOMAS MD	\$32,635.55	674	66
69	MARK WILLIAM MITTAUER MD	\$75,781.27	672	60

70	MONTE L BERNHAGEN MD	\$73,893.38	670	74
71	CHRISTOPHER GENE OKIISHI MD	\$53,643.46	667	54
73	DAVID M CRIPPIN MD	\$27,812.45	666	96
72	DAVID RAY BRIETKREUZ MD	\$27,148.61	666	64
74	JOSEPH MATTHEW WANZEK III DO	\$37,363.20	665	55
75	LEANNE MORA PAC	\$91,867.05	665	73
76	JOHN D BIRKETT MD	\$29,588.65	664	92
77	DAVID WENGER-KELLER MD	\$28,133.17	661	95
78	LISA JAYNE MENZIES MD	\$45,364.09	655	83
79	MICHAEL LEE EGGER MD	\$77,716.59	646	88
80	MICHAEL L MOELLER MD	\$84,649.80	646	84
81	ROBERT SCHULTES MD	\$28,276.72	641	103
82	JANET RUTH TULL MD	\$35,565.61	633	97
83	KATHRYN PAVELKO PA	\$16,794.25	632	51
84	MIKE CORSBERG PA	\$91,785.88	631	58
85	ELIZABETH MCCURDY DO	\$41,501.32	628	87
87	REBECCA JEAN MARIE WOLFE MD	\$54,851.61	626	158
86	MELISSA GENTRY PA	\$83,349.90	626	89
90	BRIAN MEEKER DO	\$19,793.66	620	124
89	BRYON H CARLSON MD	\$29,122.39	620	93
88	JAFFAR A SHAIKH MD	\$38,206.09	620	77
91	DUSTIN R SMITH MD	\$32,358.66	618	86
92	BRIAN PATRICK LAHEY	\$87,848.04	615	118
93	TIMOTHY W SWINTON MD	\$23,181.79	614	146
94	MICHAEL N MANKARIOUS, MD	\$30,616.61	612	69
95	SHERRY DIANNE DEKEYSER MD	\$70,522.08	611	79
96	FREDERICK C ALDRICH MD	\$16,713.00	604	98
97	MARY W NIXON ARNP	\$60,014.43	604	130
98	CHRISTIAN W JONES MD	\$23,667.61	600	85
100	ALAN C WHITTERS MD	\$69,089.37	595	121
99	VALENTINA ANGELOVA DOUMANIAN MD	\$54,604.49	595	128

Top 100 Prescribing Providers by Paid Amount July/August 2011

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	JANICE MARIE ROSE STABER MD	\$775,608.50	41	1
2	CHARUTA NARAYAN JOSHI MD	\$342,190.48	254	3
3	GHADA ALI HAMDAN MD	\$195,728.52	1,870	2
4	KENT ELDON KUNZE MD	\$169,070.03	1,340	5
5	LARRY RICHARDS DO	\$164,818.89	1,685	6
6	SARAH A JUSTMANN ARNP	\$161,546.79	1,720	7
7	J PATRICK BERTROCHE DO	\$157,837.96	1,053	4
8	KEVIN JOHN TOOK MD	\$156,087.01	1,164	12
9	PETER JOSEPH SZEIBEL MD	\$151,933.13	1,283	8
10	SRIRAMAMURTHY RAVIPATI MD	\$143,376.14	1,212	15
11	MARVIN F PIBURN JR, MD	\$137,017.31	1,722	10
12	JENNIFER S COOK MD	\$133,791.74	461	18
13	E RICHARD NIGHTINGALE III MD	\$132,708.09	1,264	22
14	QAZI UMAR JAVED MD	\$129,799.24	1,325	16
15	RONALD BRINK MD	\$129,512.20	1,095	13
16	KATHLEEN S ADAMS ARNP	\$121,306.70	794	17
17	CARLA K ABEL-ZIEG ARNP	\$121,186.24	985	11
18	JULIE K OSTERHAUS ARNP	\$119,234.40	274	19
19	ALI SAFDAR MD	\$114,712.43	1,099	20
20	RAY C STURDEVANT MD	\$110,323.09	1,056	26
21	JEFFREY D WILHARM MD	\$109,769.12	1,266	25
22	MARY C SEGRETO DO	\$109,391.79	790	31
23	STEVEN P JOYCE MD	\$108,567.01	388	23
24	MARIA J STEELE ARNP	\$105,148.25	81	80
25	RANDALL KAVALIER DO	\$104,579.18	931	24
26	ALBERT OKINE PA	\$103,374.97	814	33
27	KRISHNA POOJAPPA MURTHY MD	\$96,057.71	936	46
28	ERIN HATCHER ARNP	\$96,031.02	733	21
29	LIUSKA MARIA PESCE MD	\$95,486.57	245	47
30	JOHN FRANKLIN STECKER III MD	\$94,270.76	808	37
31	CAROL D AUNAN ARNP	\$93,511.29	941	42
32	VILMARIE RODRIGUEZ-PADUA MD	\$93,451.90	10	9
33	JAMES STEPHEN BROOKS MD	\$93,307.78	823	41
34	SIF HANSDOTTIR MD	\$92,295.62	36	54
35	LEANNE MOREY PA	\$91,867.05	665	34
36	MIKE CORSBERG PA	\$91,785.88	631	35

37	DAVID JOSEPH GNARRA MD	\$89,632.06	29	32
38	JOADA BEST ARNP	\$88,992.72	747	56
39	TODD KENT POGUE DO	\$87,964.38	1,002	44
40	THOMAS SCOTT HOPKINS DO	\$87,916.83	1,092	29
41	BRIAN PATRICK LAHEY	\$87,848.04	615	61
42	KATHLEEN L WILD ARNP	\$87,392.97	860	43
43	DAVID YURDIN PA	\$85,388.10	388	65
44	WILLIAM MYRON NISSEN MD	\$84,876.26	1,052	48
45	LAURIE WARREN PA	\$84,780.02	571	51
46	MICHAEL L MOELLER MD	\$84,649.80	646	57
47	ALLYSON L WHEATON MD	\$84,391.31	811	40
48	MARTIN FIALKOV MD	\$83,678.56	890	27
49	MELISSA GENTRY PA	\$83,349.90	626	39
50	ANTHONY G ZAMUDIO ARNP	\$83,345.86	571	66
51	CARL A AAGESEN DO	\$82,217.40	551	38
52	ANNE LASH ARNP	\$80,328.05	759	28
53	FRANK L BABCOCK, MD	\$80,171.83	871	55
54	COMM HLTH CTRS OF SOUTHEASTERN I	\$78,974.78	1,315	30
55	DOUGLAS HOWARD JONES MD	\$77,985.92	593	67
56	MARK S HENSLEY	\$77,958.31	679	63
57	MICHAEL LEE EGGER MD	\$77,716.59	646	58
58	DONNER DEWDNEY MD	\$76,331.34	1,366	45
59	MARK WILLIAM MITTAUER MD	\$75,781.27	672	52
60	MARC C PATTERSON MD	\$75,048.53	33	62
61	BJIRO VIVIAN AGBORO-IDAHOSEA MD	\$74,750.45	823	49
62	MONTE L BERNHAGEN MD	\$73,893.38	670	60
63	SHERRY DIANNE DEKEYSER MD	\$70,522.08	611	59
64	LAURIE VANCLEVE DO	\$70,153.57	713	64
65	THOMAS C PIEKENBROCK MD	\$69,780.65	916	68
66	ALAN C WHITTERS MD	\$69,089.37	595	72
67	BRUCE L HUGHES MD	\$68,395.13	100	53
68	DEANNA BOOK BOESEN MD	\$67,690.34	549	76
69	RODNEY DEAN MD	\$65,960.72	574	75
70	ROLLA F ABU-ARJA MD	\$65,048.08	4	14
71	KELLI CHARNELL GREEN MD	\$64,491.01	541	93
72	BRAHMANANDA PRASADARAO MAKKAPATI	\$64,235.33	543	106
73	CHRISTOPHER D TUMPKIN MD	\$63,431.74	299	50
74	SHARON ECKHART ARNP	\$62,418.38	474	70
75	SARAH BEATTIE ARNP	\$60,831.34	570	155
76	IVAN DELGADO-RAMOS MD	\$60,254.00	315	102

77	MARY W NIXON ARNP	\$60,014.43	604	78
78	TRUCE Taneo ORDONA MD	\$59,814.11	451	83
79	JIMMY RAE MASCARO DO	\$59,295.98	503	79
80	ROGERIO RAMOS MD	\$59,179.26	467	77
81	JUDITH A MILLER ARNP	\$58,961.27	27	94
82	KENNETH S WAYNE MD	\$58,668.22	326	100
83	LOUIS PASQUALE GERBINO MD	\$57,853.87	687	81
84	SHAWN DENNIS JONES MD	\$57,713.62	771	88
85	DAVID LESLIE FRIEDGOOD DO	\$56,867.24	179	142
86	SUSAN STERN MD	\$56,820.36	373	36
87	MARK GRANNER MD	\$56,435.13	218	120
88	FARRAH HASSEBROEK PMHNP-BC	\$56,174.94	373	108
89	BORIANA SVEJINOVA KAMENOVA MD	\$56,012.01	37	348
90	WENDY ANNE WALDMAN MD	\$55,912.82	409	112
91	CYD GRAFF ARNP	\$55,779.00	875	71
92	STEPHANIE GRAY ARNP	\$55,195.88	560	73
93	REBECCA JEAN MARIE WOLFE MD	\$54,851.61	626	111
94	DUANGCHAI NARAWONG MD	\$54,658.27	520	98
95	VALENTINA ANGELOVA DOUMANIAN MD	\$54,604.49	595	125
96	RONALD WILLIAM GRAEFF MD	\$53,766.49	707	99
97	CHRISTOPHER GENE OKIISHI MD	\$53,643.46	667	84
98	PATRICIA HARDT APRN	\$53,161.08	505	109
99	PENUMETSA B RAJU, M.D.	\$52,865.54	570	92
100	DEBORAH GARRELTS MD	\$52,693.20	531	87

Top 20 Therapeutic Class by Paid Amount

Category Description	May/June 2011	Rank	% Budget	July/August 2011	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$7,436,177	1	19.1%	\$7,568,625	1	19.6%	1.8%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,600,703	2	6.7%	\$2,582,473	2	6.7%	-0.7%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,016,209	3	5.2%	\$1,979,039	3	5.1%	-1.8%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,931,913	4	5.0%	\$1,950,672	4	5.1%	1.0%
ANTICONVULSANTS	\$1,763,534	5	4.5%	\$1,814,769	5	4.7%	2.9%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	\$1,404,858	6	3.6%	\$1,446,263	6	3.7%	2.9%
ANTIHEMOPHILIC AGENTS	\$1,198,548	7	3.1%	\$1,090,153	7	2.8%	-9.0%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,003,119	8	2.6%	\$1,031,889	8	2.7%	2.9%
DIABETIC - INSULIN	\$793,303	9	2.0%	\$819,496	9	2.1%	3.3%
STIMULANTS - METHYLPHENIDATE	\$745,233	10	1.9%	\$738,559	10	1.9%	-0.9%
ANTIASTHMATIC - BETA - ADRENERGICS	\$674,190	11	1.7%	\$674,377	11	1.7%	0.0%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$605,151	15	1.6%	\$639,849	12	1.7%	5.7%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$642,113	12	1.7%	\$635,233	13	1.6%	-1.1%
MULTIPLE SCLEROSIS AGENTS	\$558,550	16	1.4%	\$568,693	14	1.5%	1.8%
ANTIASTHMATIC - STEROID INHALANTS	\$616,045	13	1.6%	\$549,311	15	1.4%	-10.8%
GI - PROTON PUMP INHIBITOR	\$613,109	14	1.6%	\$489,741	16	1.3%	-20.1%
DIABETIC - INSULIN PENFILLS	\$433,195	18	1.1%	\$447,577	17	1.2%	3.3%
GROWTH HORMONE	\$432,670	19	1.1%	\$444,374	18	1.2%	2.7%
NARCOTICS - MISC.	\$418,324	21	1.1%	\$426,010	19	1.1%	1.8%
NARCOTICS-LONG ACTING	\$431,310	20	1.1%	\$405,134	20	1.1%	-6.1%

Top 20 Therapeutic Class by Prescription Count

Category Description	May/June 2011	Prev Rank	July/August 2011	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	48,028	1	47,467	1	-1.17%
ANTICONVULSANTS	33,255	2	33,800	2	1.64%
NARCOTICS - MISC.	31,124	3	32,173	3	3.37%
ANXIOLYTICS - BENZODIAZEPINES	30,999	4	31,026	4	0.09%
ANALGESICS - MISC.	23,884	5	23,962	5	0.33%
ANTIPSYCHOTICS - ATYPICALS	23,595	6	23,205	6	-1.65%
ANTI HISTAMINES - NON-SEDATING	19,163	8	18,104	7	-5.53%
BETA-LACTAMS / CLAVULANATE COMBO'S	21,856	7	18,083	8	-17.26%
ANTI ASTHMATIC - BETA - ADRENERGICS	17,641	9	16,845	9	-4.51%
STIMULANTS - AMPHETAMINES - LONG ACTING	13,785	10	13,567	10	-1.58%
NSAIDS	12,198	13	12,162	11	-0.30%
ANTI HYPERTENSIVES - CENTRAL	11,527	14	11,925	12	3.45%
CEPHALOSPORINS	12,298	12	11,018	13	-10.41%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,666	15	10,592	14	-0.69%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	12,662	11	10,445	15	-17.51%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	10,338	16	9,996	16	-3.31%
ANTI ASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,173	17	9,784	17	-3.82%
GI - H2-ANTAGONISTS	9,633	19	9,595	18	-0.39%
DIURETICS	8,715	21	8,721	19	0.07%
GI - PROTON PUMP INHIBITOR	9,013	20	8,625	20	-4.30%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount May/June 2011	Paid Amount July/August 2011	Percent Change
CONCERTA TAB 36MG	\$775,743.94	\$801,023.74	3.26%
ABILIFY TAB 5MG	\$781,484.29	\$781,680.91	0.03%
ABILIFY TAB 10MG	\$583,448.13	\$597,192.08	2.36%
SINGULAIR TAB 10MG	\$553,846.50	\$594,359.78	7.31%
LEXAPRO TAB 20MG	\$577,516.13	\$578,352.44	0.14%
CONCERTA TAB 54MG	\$521,378.49	\$489,295.85	-6.15%
SINGULAIR CHW 5MG	\$460,065.73	\$482,747.95	4.93%
SEROQUEL TAB 300MG	\$463,878.87	\$471,675.61	1.68%
ABILIFY TAB 20MG	\$465,582.50	\$467,815.54	0.48%
ADDERALL XR CAP 20MG	\$480,436.02	\$457,073.82	-4.86%
ZYPREXA TAB 20MG	\$411,610.55	\$421,037.84	2.29%
SEROQUEL TAB 200MG	\$402,439.98	\$416,324.23	3.45%
ABILIFY TAB 15MG	\$397,114.68	\$410,738.84	3.43%
SEROQUEL TAB 400MG	\$359,551.92	\$390,218.93	8.53%
CYMBALTA CAP 60MG	\$357,152.61	\$386,174.65	8.13%
ADDERALL XR CAP 30MG	\$403,431.81	\$385,342.72	-4.48%
SEROQUEL TAB 100MG	\$330,023.19	\$354,525.00	7.42%
ADVAIR DISKU AER 250/50	\$352,994.25	\$349,496.35	-0.99%
ACTOS TAB 15MG	\$369,742.24	\$348,580.15	-5.72%
PROAIR HFA AER	\$316,965.77	\$346,078.50	9.18%
ABILIFY TAB 2MG	\$327,590.45	\$327,480.91	-0.03%
SINGULAIR CHW 4MG	\$332,060.08	\$325,440.60	-1.99%
ACTHAR HP INJ 80UNIT	\$159,698.61	\$319,397.22	100.00%
ABILIFY TAB 30MG	\$324,820.11	\$299,287.13	-7.86%
GEODON CAP 80MG	\$282,980.94	\$283,553.03	0.20%
VYVANSE CAP 30MG	\$270,924.74	\$279,236.54	3.07%
NOVOLOG INJ 100/ML	\$271,743.59	\$277,705.89	2.19%
LANTUS INJ 100/ML	\$268,312.15	\$276,517.90	3.06%
CONCERTA TAB 27MG	\$254,797.58	\$263,873.93	3.56%
SPIRIVA CAP HANDIHLR	\$234,837.36	\$251,740.79	7.20%
SEROQUEL TAB 50MG	\$249,377.81	\$247,544.29	-0.74%
PLAVIX TAB 75MG	\$243,734.82	\$245,388.70	0.68%
PREVACID CAP 30MG DR	\$373,717.52	\$245,028.89	-34.43%
VYVANSE CAP 50MG	\$225,317.79	\$230,016.09	2.09%
ZYPREXA TAB 15MG	\$207,369.55	\$228,263.88	10.08%
VYVANSE CAP 40MG	\$216,594.14	\$224,235.56	3.53%

LEVEMIR INJ	\$201,602.49	\$194,886.87	-3.33%
COMBIVENT AER	\$167,015.75	\$192,896.72	15.50%
COPAXONE KIT 20MG/ML	\$194,057.20	\$190,594.00	-1.78%
RISPERDAL INJ 50MG	\$190,850.30	\$190,015.54	-0.44%
CONCERTA TAB 18MG	\$191,876.50	\$185,964.92	-3.08%
VYVANSE CAP 70MG	\$179,086.33	\$179,760.10	0.38%
VENLAFAXINE TAB 150MG ER	\$192,397.96	\$178,943.80	-6.99%
ADVATE INJ 1500UNIT	\$149,765.38	\$176,422.29	17.80%
TRICOR TAB 145MG	\$166,893.42	\$176,074.36	5.50%
FOCALIN XR CAP 20MG	\$166,660.99	\$173,644.90	4.19%
CYMBALTA CAP 30MG	\$151,763.95	\$166,642.40	9.80%
ADVAIR DISKU AER 500/50	\$166,042.67	\$166,561.58	0.31%
ZYPREXA TAB 10MG	\$185,118.74	\$164,953.00	-10.89%
NASONEX SPR 50MCG/AC	\$162,356.88	\$161,085.84	-0.78%
ADDERALL XR CAP 25MG	\$161,347.29	\$160,549.69	-0.49%
ALPHANATE INJ VWF/HUM	\$246,518.68	\$160,240.18	-35.00%
VYVANSE CAP 20MG	\$151,407.52	\$155,897.28	2.97%
ADDERALL XR CAP 15MG	\$158,774.78	\$145,606.53	-8.29%
GEODON CAP 60MG	\$140,694.88	\$141,574.42	0.63%
FOCALIN XR CAP 10MG	\$135,618.59	\$138,739.95	2.30%
HUMALOG INJ 100/ML	\$131,045.52	\$137,442.09	4.88%
ADVATE INJ 1000UNIT	\$171,263.30	\$136,719.60	-20.17%
FOCALIN XR CAP 15MG	\$141,447.12	\$133,076.54	-5.92%
VENTOLIN HFA AER	\$129,535.13	\$132,783.18	2.51%
GEODON CAP 40MG	\$135,334.17	\$132,545.86	-2.06%
PULMICORT SUS 0.5MG/2	\$168,792.08	\$132,213.43	-21.67%
REBIF INJ 44/0.5	\$104,425.78	\$128,378.44	22.94%
VALTREX TAB 500MG	\$124,102.37	\$128,235.56	3.33%
GENOTROPIN INJ 12MG	\$132,961.59	\$127,358.59	-4.21%
VYVANSE CAP 60MG	\$120,434.98	\$126,305.33	4.87%
LIPITOR TAB 20MG	\$107,664.96	\$124,757.46	15.88%
SYMBICORT AER 160-4.5	\$121,331.62	\$123,422.92	1.72%
INCIVEK TAB 375MG	\$34,639.48	\$121,238.18	250.00%
ENBREL SRCLK INJ 50MG/ML	\$90,383.37	\$119,928.96	32.69%
VALTREX TAB 1GM	\$124,182.78	\$119,420.86	-3.83%
STRATTERA CAP 40MG	\$120,555.77	\$117,108.18	-2.86%
LEVAQUIN TAB 500MG	\$124,784.45	\$116,792.05	-6.40%
ADVATE INJ 3000UNIT	\$125,316.59	\$113,725.10	-9.25%
ADDERALL XR CAP 10MG	\$131,161.48	\$113,135.47	-13.74%
LIPITOR TAB 40MG	\$100,117.30	\$110,522.70	10.39%

NUTROPIN AQ INJ 10MG/2ML	\$103,085.85	\$110,305.15	7.00%
HUMIRA PEN KIT 40MG/0.8	\$97,636.85	\$107,320.90	9.92%
PULMOZYME SOL 1MG/ML	\$111,421.83	\$104,287.36	-6.40%
SEROQUEL TAB 25MG	\$101,398.42	\$103,343.76	1.92%
PEGASYS KIT	\$89,625.51	\$101,115.96	12.82%
ATRIPLA TAB	\$99,064.17	\$99,063.17	0.00%
STRATTERA CAP 25MG	\$104,691.10	\$96,231.78	-8.08%
AVONEX PREFL KIT 30MCG	\$104,510.53	\$95,419.57	-8.70%
CIPRO HC SUS OTIC	\$56,026.22	\$94,696.94	69.02%
TOBI NEB 300/5ML	\$91,064.13	\$93,706.74	2.90%
DEPAKOTE ER TAB 500MG	\$106,886.86	\$93,387.04	-12.63%
PROVIGIL TAB 200MG	\$91,069.81	\$91,937.06	0.95%
AZITHROMYCIN SUS 200/5ML	\$110,132.60	\$88,771.14	-19.40%
ZYPREXA TAB 5MG	\$87,979.96	\$87,340.66	-0.73%
ADVATE INJ 2000UNIT	\$118,991.59	\$85,973.44	-27.75%
Loratadine Tab 10 MG	\$86,119.32	\$85,889.16	-0.27%
TOPAMAX TAB 100MG	\$86,089.77	\$85,621.93	-0.54%
FLUTICASONE SPR 50MCG	\$90,378.99	\$85,017.08	-5.93%
ELAPRASE INJ 6MG/3ML	\$83,768.68	\$83,768.68	0.00%
NUVARING MIS	\$76,532.81	\$83,743.37	9.42%
INVEGA TAB 6MG	\$95,008.11	\$82,706.62	-12.95%
MAXALT-MLT TAB 10MG	\$73,315.46	\$82,454.90	12.47%
NOVOLOG INJ FLEXPEN	\$73,931.93	\$79,778.45	7.91%
ZETIA TAB 10MG	\$81,177.13	\$79,182.58	-2.46%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count May/June 2011	Prescription Count July/August 2011	Percent Change
HYDROCO/APAP TAB 5-500MG	10,151	10,376	2.22%
Loratadine Tab 10 MG	10,284	10,190	-0.91%
PROAIR HFA AER	7,128	7,660	7.46%
LORAZEPAM TAB 0.5MG	6,557	6,537	-0.31%
TRAMADOL HCL TAB 50MG	5,967	6,080	1.89%
LORAZEPAM TAB 1MG	5,651	5,586	-1.15%
CLONAZEPAM TAB 1MG	5,364	5,552	3.50%
Acetaminophen Tab 325 MG	5,433	5,513	1.47%
LEXAPRO TAB 20MG	5,709	5,483	-3.96%
RANITIDINE TAB 150MG	5,548	5,425	-2.22%
CLONIDINE TAB 0.1MG	5,191	5,381	3.66%
CLONAZEPAM TAB 0.5MG	5,176	5,324	2.86%
Aspirin Tab Delayed Release 81 MG	5,231	5,175	-1.07%
ALPRAZOLAM TAB 0.5MG	4,735	4,709	-0.55%
CYCLOBENZAPR TAB 10MG	4,729	4,696	-0.70%
FLUOXETINE CAP 20MG	4,612	4,575	-0.80%
ALPRAZOLAM TAB 1MG	4,408	4,535	2.88%
AMOXICILLIN SUS 400/5ML	5,815	4,381	-24.66%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,062	4,182	2.95%
IBUPROFEN TAB 800MG	3,916	4,153	6.05%
Cetirizine HCl Tab 10 MG	4,077	4,101	0.59%
SINGULAIR TAB 10MG	3,958	3,961	0.08%
AZITHROMYCIN TAB 250MG	4,514	3,952	-12.45%
Acetaminophen Tab 500 MG	3,870	3,939	1.78%
GUANFACINE TAB 1MG	3,816	3,908	2.41%
CEPHALEXIN CAP 500MG	3,628	3,765	3.78%
ALBUTEROL NEB 0.083%	4,529	3,742	-17.38%
Sennosides-Docusate Sodium Tab 8.6-50 MG	3,738	3,740	0.05%
Aspirin Chew Tab 81 MG	3,680	3,692	0.33%
AZITHROMYCIN SUS 200/5ML	4,606	3,603	-21.78%
SERTRALINE TAB 100MG	3,606	3,557	-1.36%
SMZ/TMP DS TAB 800-160	2,981	3,348	12.31%
SINGULAIR CHW 5MG	3,352	3,304	-1.43%

AMOXICILLIN SUS 250/5ML	4,046	3,270	-19.18%
CONCERTA TAB 36MG	3,240	3,266	0.80%
HYDROCO/APAP TAB 5-325MG	2,895	3,256	12.47%
TRAZODONE TAB 50MG	3,171	3,239	2.14%
VENTOLIN HFA AER	3,175	3,213	1.20%
OMEPRAZOLE CAP 20MG	3,099	3,206	3.45%
FLUTICASONE SPR 50MCG	3,371	3,166	-6.08%
AMOXICILLIN CAP 500MG	3,233	3,074	-4.92%
FOLIC ACID TAB 1MG	3,071	2,993	-2.54%
TRAZODONE TAB 100MG	2,956	2,904	-1.76%
ALPRAZOLAM TAB 0.25MG	2,904	2,873	-1.07%
OXYCOD/APAP TAB 5-325MG	2,670	2,864	7.27%
CITALOPRAM TAB 20MG	2,868	2,846	-0.77%
CITALOPRAM TAB 40MG	2,584	2,666	3.17%
METFORMIN TAB 500MG	2,542	2,619	3.03%
HYDROCO/APAP TAB 7.5-500	2,562	2,618	2.19%
ZOLPIDEM TAB 10MG	2,335	2,508	7.41%
SMZ-TMP SUS 200-40/5	2,327	2,487	6.88%
GABAPENTIN CAP 300MG	2,381	2,457	3.19%
PREDNISONE TAB 20MG	2,540	2,444	-3.78%
RISPERIDONE TAB 1MG	2,465	2,366	-4.02%
Permethrin Lotion 1%	1,769	2,357	33.24%
SIMVASTATIN TAB 40MG	2,348	2,301	-2.00%
CEPHALEXIN SUS 250/5ML	2,269	2,300	1.37%
CONCERTA TAB 54MG	2,472	2,278	-7.85%
SERTRALINE TAB 50MG	2,219	2,220	0.05%
SINGULAIR CHW 4MG	2,430	2,205	-9.26%
NAPROXEN TAB 500MG	2,252	2,168	-3.73%
MUPIROCIN OIN 2%	1,863	2,145	15.14%
APAP/CODEINE TAB 300-30MG	2,293	2,138	-6.76%
HYDROCHLOROT TAB 25MG	2,100	2,134	1.62%
SIMVASTATIN TAB 20MG	2,180	2,070	-5.05%
Sennosides Tab 8.6 MG	2,025	2,018	-0.35%
CYMBALTA CAP 60MG	1,986	2,010	1.21%
METRONIDAZOL TAB 500MG	1,909	2,003	4.92%
RISPERIDONE TAB 0.5MG	2,010	2,002	-0.40%
LISINOPRIL TAB 10MG	2,003	2,001	-0.10%
DIAZEPAM TAB 5MG	1,981	1,995	0.71%

Aspirin Tab Delayed Release 325 MG	1,962	1,982	1.02%
TRIAMCINOLON CRE 0.1%	1,885	1,899	0.74%
HYDROCO/APAP TAB 10-325MG	1,790	1,892	5.70%
VYVANSE CAP 30MG	1,824	1,878	2.96%
FLUCONAZOLE TAB 150MG	1,821	1,867	2.53%
Loratadine Syrup 5 MG/5ML	2,366	1,842	-22.15%
CHERATUSSIN SYP AC	2,633	1,823	-30.76%
METFORMIN TAB 1000MG	1,746	1,763	0.97%
PREDNISOLONE SOL 15MG/5ML	3,464	1,757	-49.28%
OFLOXACIN DRO 0.3%OTIC	1,318	1,754	33.08%
PRENATAL TAB PLUS	1,807	1,754	-2.93%
LISINOPRIL TAB 20MG	1,717	1,729	0.70%
FUROSEMIDE TAB 40MG	1,677	1,725	2.86%
ABILIFY TAB 5MG	1,735	1,695	-2.31%
Polyethylene Glycol 3350 Oral Powder	1,725	1,683	-2.43%
ADDERALL XR CAP 20MG	1,774	1,646	-7.22%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	1,960	1,611	-17.81%
LANTUS INJ 100/ML	1,582	1,595	0.82%
AZITHROMYCIN SUS 100/5ML	2,123	1,591	-25.06%
AMOX/K CLAV TAB 875MG	1,672	1,560	-6.70%
ADVAIR DISKU AER 250/50	1,567	1,555	-0.77%
PERMETHRIN CRE 5%	1,295	1,539	18.84%
ADDERALL XR CAP 30MG	1,620	1,537	-5.12%
PROMETHAZINE TAB 25MG	1,548	1,533	-0.97%
MELOXICAM TAB 15MG	1,525	1,531	0.39%
OMEPRazole CAP 40MG	1,537	1,531	-0.39%
BUPROPN HCL TAB 300MG XL	1,587	1,516	-4.47%
HYDROXYZ PAM CAP 25MG	1,403	1,508	7.48%
PREDNISONE TAB 10MG	1,593	1,504	-5.59%

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	July/August 2011	September/October 2011	% CHANGE
Total Paid Amount	\$38,611,992	\$39,461,386	2.2%
Unique Users	149,151	162,778	9.1%
Cost Per User	\$258.88	\$242.42	-6.4%
Total Prescriptions	633,634.0	677,406.0	6.9%
Average Prescriptions Per User	4.25	4.16	-2.1%
Average Cost Per Prescription	\$60.94	\$58.25	-4.4%
# Generic Prescriptions	486,433	521,706	7.3%
% Generic	76.8%	77.0%	0.3%
\$ Generic	\$5,499,951	\$6,268,772	14.0%
Average Generic Prescription Cost	\$11.31	\$12.02	6.3%
Average Days Supply	22	21	-4.5%
# Brand Prescriptions	147,201	155,700	5.8%
% Brand	23.2%	23.0%	-1.1%
\$ Brand	\$33,112,041	\$33,192,613	0.2%
Average Brand Prescription Cost	\$224.94	\$213.18	-5.2%
Average Days Supply	27	26	-3.7%

Utilization by Age

Age	July/August 2011	September/October 2011
0-6	30,271	40,191
7-12	23,328	25,079
13-18	21,050	22,651
19-64	62,853	63,477
65+	11,649	11,380
	149,151	162,778

Utilization by Gender and Age

Gender	Age	July/August 2011	September/October 2011
F			
	0-6	14,301	18,875
	7-12	10,331	10,992
	13-18	11,146	11,992
	19-64	44,620	45,174
	65+	8,694	8,547
		89,092	95,580
M			
	0-6	15,970	21,316
	7-12	12,997	14,087
	13-18	9,904	10,659
	19-64	18,233	18,303
	65+	2,955	2,833
		60,059	67,198

Top 100 Pharmacies by Prescription Count

September/October 2011

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #04405	COUNCIL BLUFFS	IA	8,573	\$488,987.10	1
2	WALGREEN #05239	DAVENPORT	IA	8,355	\$438,827.29	2
3	WALGREEN #05721	DES MOINES	IA	7,526	\$364,127.15	4
4	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	6,362	\$268,188.47	3
5	MARTIN HEALTH SERVICES INC	DENVER	IA	6,075	\$185,849.00	6
6	WALGREEN #910	SIOUX CITY	IA	5,783	\$318,463.13	9
7	WALGREENS #07453	DES MOINES	IA	5,773	\$298,247.66	5
8	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,728	\$230,304.41	7
9	WALGREEN #359	DES MOINES	IA	5,726	\$277,402.29	8
10	WALGREEN #05362	DES MOINES	IA	5,460	\$227,571.75	11
11	WALGREEN COMPANY 07455	WATERLOO	IA	5,335	\$216,143.53	12
12	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,267	\$278,574.25	10
13	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,038	\$221,551.03	15
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,573	\$275,075.63	14
15	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,552	\$146,139.05	13
16	WALGREEN #05852	DES MOINES	IA	3,802	\$192,931.45	23
17	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,769	\$205,803.18	18
18	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,727	\$231,842.58	16
19	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,589	\$235,492.87	17
20	WALGREEN #04041	DAVENPORT	IA	3,541	\$173,287.77	22
21	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,532	\$192,692.91	20
22	WALGREEN COMPANY 05777	DES MOINES	IA	3,486	\$165,709.19	27
23	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,406	\$210,300.00	24
24	RASHID PHARMACY PLC	FORT MADISON	IA	3,369	\$193,443.94	29
25	WALGREEN #332	DAVENPORT	IA	3,342	\$171,796.34	28
26	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,270	\$104,670.48	21
27	WALGREEN #03595	DAVENPORT	IA	3,269	\$162,606.07	30
28	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,205	\$186,701.76	26
29	MAHASKA DRUG INC	OSKALOOSA	IA	3,187	\$149,175.22	31
30	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,027	\$152,802.43	19
31	WALGREENS #05119	CLINTON	IA	2,970	\$146,309.71	37
32	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,910	\$133,337.34	32
33	WALGREEN #05044	BURLINGTON	IA	2,908	\$116,592.67	33
34	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,802	\$194,722.26	35
35	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,772	\$139,186.74	34
36	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	2,753	\$151,896.35	25
37	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,628	\$208,967.59	36
38	WALGREEN #7452	DES MOINES	IA	2,598	\$126,820.73	40

39	WALGREEN #05361	FORT DODGE	IA	2,573	\$133,050.84	45
40	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,549	\$128,019.54	43
41	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,449	\$127,778.00	46
42	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,424	\$68,839.94	39
43	WALGREENS #10855	WATERLOO	IA	2,402	\$105,265.52	44
44	WALGREENS #09476	BURLINGTON	IA	2,399	\$132,076.14	55
45	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,342	\$105,974.81	62
46	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,333	\$140,225.08	60
47	MERCY CAREMOR	DUBUQUE	IA	2,320	\$77,672.19	38
48	DANIEL PHARMACY INC	FORT DODGE	IA	2,310	\$119,915.53	47
49	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,290	\$139,504.92	42
50	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,284	\$125,135.33	48
51	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,275	\$126,884.92	41
52	HY-VEE PHARMACY (1522)	PERRY	IA	2,272	\$123,612.72	50
53	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,244	\$90,480.25	49
54	WALGREENS 07968	DES MOINES	IA	2,205	\$111,678.66	53
55	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,203	\$116,305.78	58
56	WALGREEN #05886	KEOKUK	IA	2,187	\$106,776.26	54
57	LA GRANGE PHARMACY INC	VINTON	IA	2,170	\$121,688.60	59
58	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,166	\$130,632.65	56
59	WALGREEN #03196	MARSHALLTOWN	IA	2,165	\$111,760.73	64
60	MERWIN LTC PHARMACY	ANKENY	IA	2,113	\$101,507.35	70
61	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,082	\$98,955.06	68
62	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,074	\$164,406.21	51
63	WALGREENS #11942	DUBUQUE	IA	2,053	\$115,253.46	63
64	WALGREEN #09708	DUBUQUE	IA	2,035	\$95,733.56	74
65	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,017	\$88,522.23	52
66	WALGREEN #05077	IOWA CITY	IA	1,998	\$100,511.47	72
67	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,976	\$97,935.07	67
68	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,959	\$77,210.89	57
69	WALGREEN #4714	DES MOINES	IA	1,935	\$104,332.85	86
70	HY-VEE PHARMACY (1065)	CHARITON	IA	1,910	\$109,968.09	66
71	SCOTT PHARMACY INC	FAYETTE	IA	1,902	\$85,743.10	61
72	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,896	\$93,251.17	85
73	HY-VEE PHARMACY 1071	CLARINDA	IA	1,889	\$97,839.82	87
74	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,872	\$97,447.97	100
75	WAGNER PHARMACY	CLINTON	IA	1,869	\$103,465.32	80
76	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,863	\$100,195.63	65
77	WALGREENS #03876	MARION	IA	1,852	\$96,058.78	75
78	HY VEE PHARMACY #1449	NEWTON	IA	1,828	\$98,276.81	93
79	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,823	\$83,231.53	76
80	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,810	\$114,892.82	89
81	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,801	\$88,599.62	71
82	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,795	\$95,326.38	84
83	KIMBALL AVENUE DRUG	WATERLOO	IA	1,794	\$73,710.33	73

84	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,791	\$92,655.94	91
85	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,771	\$86,851.24	77
86	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,764	\$102,352.18	79
87	WALGREEN #05942	NEWTON	IA	1,749	\$119,211.86	96
88	WALGREEN COMPANY #05941	MASON CITY	IA	1,741	\$90,448.80	90
89	PHIL CARE PHARMACY	CEDAR RAPIDS	IA	1,728	\$124,186.29	69
90	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,723	\$93,023.95	81
91	WALGREENS #05977	CORALVILLE	IA	1,703	\$77,051.21	94
92	STANGEL PHARMACY	ONAWA	IA	1,699	\$96,444.02	103
94	HY-VEE PHARMACY (1075)	CLINTON	IA	1,692	\$99,075.13	78
93	MEYER HEALTHMART PHARMACY	WAVERLY	IA	1,692	\$106,178.70	101
95	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	1,691	\$65,987.64	108
96	HAMMER PHARMACY	DES MOINES	IA	1,685	\$145,818.11	88
97	WALGREEN COMPANY DBA	OTTUMWA	IA	1,676	\$89,280.68	109
99	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	1,663	\$78,130.70	106
98	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,663	\$89,679.59	97
100	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,624	\$115,443.89	98

Top 100 Pharmacies by Paid Amount

September/October 2011

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #04405	COUNCIL BLUFFS	IA	8,573	\$488,987.10	1
2	WALGREEN #05239	DAVENPORT	IA	8,355	\$438,827.29	3
3	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	21	\$425,842.88	17
4	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	171	\$398,994.73	4
5	WALGREEN #05721	DES MOINES	IA	7,526	\$364,127.15	6
6	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	69	\$318,572.88	5
7	WALGREEN #910	SIOUX CITY	IA	5,783	\$318,463.13	8
8	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	18	\$302,542.79	10
9	US BIOSERVICE CORPORATION	FRISCO	TX	77	\$299,155.44	22
10	CURASCRIPIT PHARMACY INC	ORLANDO	FL	35	\$298,286.89	2
11	WALGREENS #07453	DES MOINES	IA	5,773	\$298,247.66	9
12	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,267	\$278,574.25	12
13	WALGREEN #359	DES MOINES	IA	5,726	\$277,402.29	11
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,573	\$275,075.63	13
15	ARJ INFUSION SERVICES INC	LENEXA	KS	5	\$271,723.72	25
16	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	6,362	\$268,188.47	7
17	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,589	\$235,492.87	16
18	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,727	\$231,842.58	15
19	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,728	\$230,304.41	18
20	WALGREEN #05362	DES MOINES	IA	5,460	\$227,571.75	14
21	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,038	\$221,551.03	23
22	WALGREEN COMPANY 07455	WATERLOO	IA	5,335	\$216,143.53	21
23	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,406	\$210,300.00	20
24	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,628	\$208,967.59	19
25	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,769	\$205,803.18	30
26	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	1,058	\$200,058.82	24
27	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,802	\$194,722.26	26
28	RASHID PHARMACY PLC	FORT MADISON	IA	3,369	\$193,443.94	33
29	WALGREEN #05852	DES MOINES	IA	3,802	\$192,931.45	34
30	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,532	\$192,692.91	29
31	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,205	\$186,701.76	27

32	MARTIN HEALTH SERVICES INC	DENVER	IA	6,075	\$185,849.00	39
33	ACCREDITO HEALTH GROUP INC	WARRENDAL	PA	32	\$176,290.05	31
34	WALGREEN #04041	DAVENPORT	IA	3,541	\$173,287.77	38
35	WALGREEN #332	DAVENPORT	IA	3,342	\$171,796.34	35
36	WALGREEN COMPANY 05777	DES MOINES	IA	3,486	\$165,709.19	40
37	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,074	\$164,406.21	28
38	WALGREEN #03595	DAVENPORT	IA	3,269	\$162,606.07	46
39	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,027	\$152,802.43	36
40	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	2,753	\$151,896.35	37
41	MAHASKA DRUG INC	OSKALOOSA	IA	3,187	\$149,175.22	41
42	WALGREENS #05119	CLINTON	IA	2,970	\$146,309.71	43
43	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,552	\$146,139.05	45
44	HAMMER PHARMACY	DES MOINES	IA	1,685	\$145,818.11	42
45	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,333	\$140,225.08	59
46	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,290	\$139,504.92	47
47	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,772	\$139,186.74	44
48	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,910	\$133,337.34	53
49	WALGREEN #05361	FORT DODGE	IA	2,573	\$133,050.84	56
50	WALGREENS #09476	BURLINGTON	IA	2,399	\$132,076.14	73
51	WALGREENS INFUSION SERVICES	OMAHA	NE	53	\$130,674.04	66
52	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,166	\$130,632.65	55
53	MEDFUSION RX LLC	FRANKLIN	TN	51	\$129,300.00	54
54	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,549	\$128,019.54	67
55	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,449	\$127,778.00	58
56	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,275	\$126,884.92	49
57	WALGREEN #7452	DES MOINES	IA	2,598	\$126,820.73	57
58	HY-VEE PHARMACY 1382	LE MARS	IA	1,468	\$125,606.21	50
59	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,284	\$125,135.33	63
60	PHIL CARE PHARMACY	CEDAR RAPIDS	IA	1,728	\$124,186.29	52
61	HY-VEE PHARMACY (1522)	PERRY	IA	2,272	\$123,612.72	48
62	LA GRANGE PHARMACY INC	VINTON	IA	2,170	\$121,688.60	70
63	GREENWOOD DRUG INC	WATERLOO	IA	1,483	\$121,198.04	60
64	DANIEL PHARMACY INC	FORT DODGE	IA	2,310	\$119,915.53	64
65	WALGREEN #05942	NEWTON	IA	1,749	\$119,211.86	95
66	WALGREEN #05044	BURLINGTON	IA	2,908	\$116,592.67	51
67	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,203	\$116,305.78	76
68	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,624	\$115,443.89	62

69	WALGREENS #11942	DUBUQUE	IA	2,053	\$115,253.46	75
70	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,810	\$114,892.82	79
71	WALGREEN #03196	MARSHALLTOWN	IA	2,165	\$111,760.73	71
72	WALGREENS 07968	DES MOINES	IA	2,205	\$111,678.66	74
73	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,523	\$110,020.27	65
74	HY-VEE PHARMACY (1065)	CHARITON	IA	1,910	\$109,968.09	107
75	WALGREEN #05886	KEOKUK	IA	2,187	\$106,776.26	82
76	MEYER HEALTHMART PHARMACY	WAVERLY	IA	1,692	\$106,178.70	68
77	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,342	\$105,974.81	89
78	WALGREENS #10855	WATERLOO	IA	2,402	\$105,265.52	72
79	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,270	\$104,670.48	84
80	WALGREEN #4714	DES MOINES	IA	1,935	\$104,332.85	117
81	WAGNER PHARMACY	CLINTON	IA	1,869	\$103,465.32	69
82	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,356	\$102,615.37	83
83	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,764	\$102,352.18	94
84	MERWIN LTC PHARMACY	ANKENY	IA	2,113	\$101,507.35	190
85	WALGREEN #05077	IOWA CITY	IA	1,998	\$100,511.47	118
86	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,863	\$100,195.63	92
87	HY VEE DRUGSTORE 7007-039	AMES	IA	1,223	\$100,189.59	77
88	HUGHES PHARMACIES INC	WATERLOO	IA	1,502	\$99,488.86	100
89	HY-VEE PHARMACY (1075)	CLINTON	IA	1,692	\$99,075.13	88
90	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,082	\$98,955.06	101
91	HY VEE PHARMACY #1449	NEWTON	IA	1,828	\$98,276.81	114
92	HY-VEE PHARMACY (1634)	STORM LAKE	IA	1,436	\$98,075.88	113
93	WALGREENS 11153	SPENCER	IA	1,467	\$98,008.05	132
94	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,976	\$97,935.07	86
95	HY-VEE PHARMACY 1071	CLARINDA	IA	1,889	\$97,839.82	116
96	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,872	\$97,447.97	103
97	STANGEL PHARMACY	ONAWA	IA	1,699	\$96,444.02	97
98	WALGREENS #07833	DES MOINES	IA	1,569	\$96,410.90	85
99	WALGREENS #03876	MARION	IA	1,852	\$96,058.78	98
100	WALGREEN #09708	DUBUQUE	IA	2,035	\$95,733.56	99

Top 100 Prescribing Providers by Prescription Count

September/October 2011

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA ALI HAMDAN MD	\$186,970.96	1,943	1
2	ROY W OVERTON III DO	\$52,998.07	1,883	4
3	SARAH A JUSTMANN ARNP	\$159,072.04	1,781	3
4	LARRY RICHARDS DO	\$167,773.23	1,730	5
5	MARVIN F PIBURN JR, MD	\$126,026.20	1,581	2
6	QAZI UMAR JAVED MD	\$125,456.00	1,505	8
7	KENT ELDON KUNZE MD	\$161,236.46	1,357	7
8	DENNIS S JONES MD	\$77,177.07	1,291	37
9	JEFFREY D WILHARM MD	\$103,823.50	1,268	12
10	COMM HLTH CTRS OF SOUTHEASTERN I	\$77,673.27	1,250	9
11	DONNER DEWDNEY MD	\$69,667.34	1,240	6
12	E RICHARD NIGHTINGALE III MD	\$125,001.08	1,217	11
13	KEVIN JOHN TOOK MD	\$160,357.06	1,194	14
14	RAY C STURDEVANT MD	\$115,936.10	1,187	19
15	BRYANT MUTCHLER DO	\$50,157.47	1,182	18
16	CAROL SCHMIDT ARNP	\$47,262.06	1,166	22
17	ALI SAFDAR MD	\$122,369.05	1,115	16
18	CAROL D AUNAN ARNP	\$109,096.94	1,112	28
19	SRIRAMAMURTHY RAVIPATI MD	\$121,201.97	1,085	13
20	THOMAS SCOTT HOPKINS DO	\$81,543.46	1,068	15
21	RONALD BRINK MD	\$123,353.69	1,055	17
22	WILLIAM MYRON NISSEN MD	\$84,278.78	1,052	20
23	J PATRICK BERTROCHE DO	\$149,682.20	1,048	21
24	JOHN FRANKLIN STECKER III MD	\$121,055.29	1,039	41
25	KATHLEEN L WILD ARNP	\$105,172.55	1,019	35
26	ODUAH DANIEL OSARO MD	\$62,514.63	1,015	45
27	RANDALL KAVALIER DO	\$101,715.25	993	29
28	KIMBERLY A THOMPSON DO	\$35,332.51	989	47
29	RAJNI BATRA MD	\$38,391.15	947	376
30	BOBBITA NAG	\$84,135.98	946	752
31	PETER JOSEPH SZEIBEL MD	\$105,444.36	929	10
32	TODD KENT POGUE DO	\$71,852.73	926	23
33	HIEDI STJARNA ARNP	\$97,108.96	924	198

34	DAVID V GIERLUS DO	\$37,539.66	919	25
35	KRISHNA POOJAPPA MURTHY MD	\$88,854.91	909	26
36	PAUL DENNIS PETERSON DO	\$49,791.10	908	27
38	THOMAS C PIEKENBROCK MD	\$70,833.26	907	31
37	DAVID M CRAVEN MD	\$33,947.32	907	54
39	SHAWN DENNIS JONES MD	\$58,909.62	870	50
40	ERIN VOYLES HATCHER	\$108,124.04	868	57
41	RONALD WILLIAM GRAEFF MD	\$60,712.06	864	61
42	JAMES STEPHEN BROOKS MD	\$109,786.28	859	38
43	KATHLEEN S ADAMS ARNP	\$119,735.45	857	43
44	DAVID M CRIPPIN MD	\$33,297.26	831	74
45	JOADA BEST ARNP	\$88,744.84	830	55
46	CARLA K ABEL-ZIEG ARNP	\$86,233.81	829	24
47	BJIRO VIVIAN AGBORO-IDAHOA MD	\$75,752.14	827	39
48	LEANNE MORA PAC	\$102,713.93	825	76
49	SHERRY BAZE CPNP	\$97,948.27	822	318
50	JAFFAR A SHAIKH MD	\$43,276.35	820	90
51	WILLI MARTENS MD	\$35,316.58	816	36
52	CYD GRAFF ARNP	\$56,966.90	809	33
53	ADIB KASSAS MD	\$49,710.03	804	56
54	MAEN M HADDADIN MD	\$32,132.14	799	62
55	RANDY R ROBINSON MD	\$34,699.95	795	46
56	ALLYSON L WHEATON MD	\$83,218.78	788	42
57	FRANK L BABCOCK, MD	\$63,242.46	787	34
58	MARTIN FIALKOV MD	\$67,290.30	785	32
59	WILLIAM EARL HOWARD DO	\$33,024.37	782	67
60	KIRAN BHASKAR KHANOLKAR MD	\$32,453.69	774	59
61	FREDERICK C ALDRICH MD	\$19,585.74	770	97
62	SHARON DUCLOS	\$39,028.90	765	30
63	JERROLD V FLATT DO	\$28,528.79	763	65
64	ISAM ELIAS MARAR MD	\$51,622.49	759	51
65	MARY C SEGRETO DO	\$104,134.73	756	44
66	RICHARD J KOZENY	\$31,958.54	755	49
67	LAURA VANCLEVE DO	\$62,669.84	754	58
68	CHRISTEL L SEEMANN DO	\$35,833.58	744	48
69	MONTE BERNHAGEN MD	\$79,510.76	743	73
70	ROBERT D CONNER JR DO	\$19,585.39	734	53

71	JON GREGORY THOMAS MD	\$36,445.29	731	70
73	ANDREA BETH HEMESATH ARNP	\$55,817.64	728	64
72	SARAH L BEATTIE	\$73,468.06	728	119
74	DUSTIN R SMITH MD	\$37,989.47	722	89
75	REBECCA JEAN MARIE WOLFE MD	\$55,840.46	717	87
76	ELIZABETH MCCURDY DO	\$53,988.17	714	85
77	VIRGILIO CORPUZ MD	\$38,085.14	706	172
78	MOLLY EARLEYWINE PA	\$21,113.72	703	104
79	ALBERT OKINE PAC	\$80,941.18	695	40
80	KATHRYN PAVELKO PA	\$18,148.88	692	83
81	CHRISTIAN W JONES MD	\$26,401.55	691	98
82	MIKE CORSBERG PA	\$87,895.98	686	84
83	MARK WILLIAM MITTAUER MD	\$72,986.78	685	69
84	CHRISTOPHER GENE OKIISHI MD	\$54,569.91	681	68
85	ALAN R BOLLINGER DO	\$31,136.54	680	99
86	MUHAMMAD PATHAN MD	\$37,562.62	678	60
87	DAVID P ROBISON DO	\$30,563.14	674	109
88	LINDA S OZAKI	\$40,573.10	671	125
89	MAUREEN PATTERSON PA	\$51,611.56	666	108
90	RODNEY DEAN MD	\$72,866.78	664	114
91	ROBERT SCHULTES MD	\$31,176.30	663	81
92	DEBRA ANN STUDER DO	\$11,226.08	660	111
93	JON S AHRENDSEN MD	\$48,359.67	658	112
94	AIMEE LORENZ MD	\$30,373.25	654	133
95	DANIEL T VANDENBOSCH, M.D.	\$26,671.40	652	146
96	JOHN D BIRKETT MD	\$28,731.55	651	77
98	LISA JAYNE MENZIES MD	\$51,518.91	650	78
97	KEVIN WILLIAM BLECHLE DO	\$17,255.48	650	122
99	ERIC S PETERSEN DO	\$23,301.63	646	106
100	DAVID WENGER-KELLER MD	\$30,955.76	642	72

Top 100 Prescribing Providers by Paid Amount September/October 2011

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	JANICE MARIE ROSE STABER MD	\$708,517.33	33	1
2	VILMARIE RODRIGUEZ-PADUA MD	\$201,561.70	14	31
3	GHADA ALI HAMDAN MD	\$186,970.96	1,943	3
4	LARRY RICHARDS DO	\$167,773.23	1,730	5
5	MARIA J STEELE ARNP	\$166,931.56	97	24
6	ROLLA F ABU-ARJA MD	\$162,387.81	11	70
7	KENT ELDON KUNZE MD	\$161,236.46	1,357	4
8	KEVIN JOHN TOOK MD	\$160,357.06	1,194	8
9	SARAH A JUSTMANN ARNP	\$159,072.04	1,781	6
10	J PATRICK BERTROCHE DO	\$149,682.20	1,048	7
11	JAMES ERSKIN NELSON MD	\$135,669.00	51	2,887
12	MARVIN F PIBURN JR, MD	\$126,026.20	1,581	11
13	QAZI UMAR JAVED MD	\$125,456.00	1,505	15
14	E RICHARD NIGHTINGALE III MD	\$125,001.08	1,217	13
15	RONALD BRINK MD	\$123,353.69	1,055	14
16	ALI SAFDAR MD	\$122,369.05	1,115	19
17	SRIRAMAMURTHY RAVIPATI MD	\$121,201.97	1,085	10
18	JOHN FRANKLIN STECKER III MD	\$121,055.29	1,039	30
19	KATHLEEN S ADAMS ARNP	\$119,735.45	857	16
20	RAY C STURDEVANT MD	\$115,936.10	1,187	20
21	JENNIFER S COOK MD	\$113,642.65	445	12
22	STEVEN P JOYCE MD	\$112,177.31	399	23
23	JAMES STEPHEN BROOKS MD	\$109,786.28	859	32
24	CAROL D AUNAN ARNP	\$109,096.94	1,112	33
25	ERIN VOYLES HATCHER	\$108,124.04	868	28
26	PETER JOSEPH SZEIBEL MD	\$105,444.36	929	9
27	KATHLEEN L WILD ARNP	\$105,172.55	1,019	42
28	JULIE K OSTERHAUS ARNP	\$104,316.40	249	18
29	MARY C SEGRETO DO	\$104,134.73	756	22
30	JEFFREY D WILHARM MD	\$103,823.50	1,268	21
31	LEANNE MOREY PA	\$102,713.93	825	35
32	RANDALL KAVALIER DO	\$101,715.25	993	25
33	LIUSKA MARIA PESCE MD	\$100,694.65	232	29
34	SHERRY BAZE CPNP	\$97,948.27	822	131
35	DAVID YURDIN	\$97,746.50	430	44
36	HIEDI STJARNA ARNP	\$97,108.96	924	119

37	KRISHNA POOJAPPA MURTHY MD	\$88,854.91	909	27
38	JOADA BEST ARNP	\$88,744.84	830	39
39	MIKE CORSBERG PA	\$87,895.98	686	36
40	CARLA K ABEL-ZIEG ARNP	\$86,233.81	829	17
41	BRIAN PATRICK LAHEY	\$86,154.00	619	41
42	MICHAEL L MOELLER MD	\$85,544.32	636	47
43	WILLIAM MYRON NISSEN MD	\$84,278.78	1,052	45
44	BOBBITA NAG	\$84,135.98	946	342
45	ALLYSON L WHEATON MD	\$83,218.78	788	48
46	CARL A AAGESEN DO	\$83,156.23	590	51
47	ANTHONY G ZAMUDIO ARNP	\$82,213.78	532	50
48	THOMAS SCOTT HOPKINS DO	\$81,543.46	1,068	37
49	ALBERT OKINE PA	\$80,941.18	695	26
50	MONTE BERNHAGEN MD	\$79,510.76	743	62
51	MARC C PATTERSON MD	\$78,396.82	31	60
52	LAURIE WARREN PA	\$78,387.10	569	46
53	COMM HLTH CTRS OF SOUTHEASTERN I	\$77,673.27	1,250	54
54	SHERRY DIANNE DEKEYSER MD	\$77,566.44	615	63
55	DENNIS S JONES MD	\$77,177.07	1,291	125
56	BJIRO VIVIAN AGBORO-IDAHOA MD	\$75,752.14	827	61
57	DOUGLAS HOWARD JONES MD	\$75,135.31	592	56
58	JIMMY RAE MASCARO DO	\$73,523.93	561	84
59	SARAH L BEATTIE	\$73,468.06	728	75
60	MARK WILLIAM MITTAUER MD	\$72,986.78	685	59
61	RODNEY DEAN MD	\$72,866.78	664	69
62	MICHAEL LEE EGGER MD	\$72,603.86	612	58
63	TODD KENT POGUE DO	\$71,852.73	926	40
64	RICARDO RENE FLORES MD	\$71,278.73	165	113
65	THOMAS C PIEKENBROCK MD	\$70,833.26	907	65
66	ALAN CHRISTOPHER WHITTERS MD	\$69,924.86	624	66
67	DONNER DEWDNEY MD	\$69,667.34	1,240	55
68	BRAHMANANDA PRASADARAO MAKKAPATI	\$68,816.32	533	72
69	DEANNA BOOK BOESEN MD	\$68,333.55	572	68
70	JUDITH A MILLER ARNP	\$68,077.84	26	80
71	MARTIN FIALKOV MD	\$67,290.30	785	43
72	DAVID LESLIE FRIEDGOOD DO	\$66,734.08	173	85
73	SIF HANSDOTTIR MD	\$66,424.93	30	34
74	KELLI CHARNELL GREEN MD	\$65,112.57	560	71
75	FRANK L BABCOCK, MD	\$63,242.46	787	53
76	MARK S HENSLEY	\$62,809.64	634	57

77	LAURIE VANCLEVE DO	\$62,669.84	754	64
78	ODUAH DANIEL OSARO MD	\$62,514.63	1,015	121
79	CHRISTOPHER D TUMPKIN MD	\$61,564.07	313	73
80	RONALD WILLIAM GRAEFF MD	\$60,712.06	864	96
81	DAVID JOSEPH GNARRA MD	\$60,622.65	17	38
82	SHARON ECKHART ARNP	\$59,438.98	513	74
83	CRAIG N SEAMANDS MD	\$59,014.25	536	111
84	SHAWN DENNIS JONES MD	\$58,909.62	870	83
85	WARREN SCHMIDT MD	\$58,689.54	36	1,857
86	STEPHANIE GRAY ARNP	\$57,790.78	603	92
87	BRUCE L HUGHES MD	\$57,681.76	89	67
88	EDWARD G NASSIF MD	\$57,199.67	596	116
89	SUSAN SMITH ARNP	\$57,175.16	613	122
90	MARY W NIXON ARNP	\$57,170.59	590	77
91	CYD GRAFF ARNP	\$56,966.90	809	91
92	IVAN DELGADO-RAMOS MD	\$56,588.52	320	76
93	LOUIS PASQUALE GERBINO MD	\$56,241.40	628	82
94	REBECCA JEAN MARIE WOLFE MD	\$55,840.46	717	94
95	ANDREA BETH HEMESATH ARNP	\$55,817.64	728	104
96	CHRISTOPHER GENE OKIISHI MD	\$54,569.91	681	97
97	ELIZABETH MCCURDY DO	\$53,988.17	714	148
98	DUANGCHAI NARAWONG MD	\$53,818.55	503	93
99	VALENTINA ANGELOVA DOUMANIAN MD	\$53,538.77	561	95
100	FRANCIS E JONES MD	\$53,316.34	496	107

Top 20 Therapeutic Class by Paid Amount

Category Description	July/August 2011	Rank	% Budget	September/October 2011	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$7,569,047	1	19.6%	\$7,300,457	1	18.5%	-3.5%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,581,607	2	6.7%	\$2,671,526	2	6.8%	3.5%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$1,978,243	3	5.1%	\$2,094,033	3	5.3%	5.9%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,948,109	4	5.0%	\$1,863,708	4	4.7%	-4.3%
ANTICONVULSANTS	\$1,817,546	5	4.7%	\$1,739,216	5	4.4%	-4.3%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	\$1,444,640	6	3.7%	\$1,604,875	6	4.1%	11.1%
ANTIHEMOPHILIC AGENTS	\$1,090,153	7	2.8%	\$1,190,518	7	3.0%	9.2%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,032,434	8	2.7%	\$1,046,853	8	2.7%	1.4%
ANTIASTHMATIC - BETA - ADRENERGICS	\$674,356	11	1.7%	\$857,518	9	2.2%	27.2%
DIABETIC - INSULIN	\$820,741	9	2.1%	\$813,501	10	2.1%	-0.9%
STIMULANTS - METHYLPHENIDATE	\$738,610	10	1.9%	\$812,310	11	2.1%	10.0%
ANTIASTHMATIC - STEROID INHALANTS	\$550,095	15	1.4%	\$720,534	12	1.8%	31.0%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$640,267	12	1.7%	\$659,138	13	1.7%	2.9%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$635,079	13	1.6%	\$638,307	14	1.6%	0.5%
MULTIPLE SCLEROSIS AGENTS	\$570,980	14	1.5%	\$534,219	15	1.4%	-6.4%
HEPATITIS C AGENTS	\$252,100	28	0.7%	\$515,400	16	1.3%	104.4%
DIABETIC - INSULIN PENFILLS	\$449,576	17	1.2%	\$448,483	17	1.1%	-0.2%
NARCOTICS - MISC.	\$426,966	19	1.1%	\$431,820	18	1.1%	1.1%
GROWTH HORMONE	\$447,717	18	1.2%	\$431,733	19	1.1%	-3.6%
NARCOTICS-LONG ACTING	\$406,510	20	1.1%	\$418,275	20	1.1%	2.9%

Top 20 Therapeutic Class by Prescription Count

Category Description	July/August 2011	Prev Rank	September/October 2011	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	47,483	1	49,537	1	4.33%
ANTICONVULSANTS	33,855	2	33,434	2	-1.24%
NARCOTICS - MISC.	32,240	3	31,100	3	-3.54%
ANXIOLYTICS - BENZODIAZEPINES	31,123	4	30,552	4	-1.83%
BETA-LACTAMS / CLAVULANATE COMBO'S	18,099	8	27,278	5	50.72%
ANALGESICS - MISC.	24,288	5	24,288	6	0.00%
ANTIPSYCHOTICS - ATYPICALS	23,219	6	23,604	7	1.66%
ANTIASTHMATIC - BETA - ADRENERGICS	16,847	9	23,245	8	37.98%
ANTIHISTAMINES - NON-SEDATING	18,132	7	20,426	9	12.65%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	10,449	15	20,131	10	92.66%
STIMULANTS - AMPHETAMINES - LONG ACTING	13,571	10	15,347	11	13.09%
CEPHALOSPORINS	11,024	13	13,914	12	26.22%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	8,561	21	12,944	13	51.20%
NSAIDS	12,176	11	12,682	14	4.16%
ANTIHYPERTENSIVES - CENTRAL	11,942	12	12,335	15	3.29%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	9,998	16	11,510	16	15.12%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	9,775	17	10,817	17	10.66%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,609	14	10,541	18	-0.64%
GI - H2-ANTAGONISTS	9,604	18	9,851	19	2.57%
STIMULANTS - METHYLPHENIDATE	7,523	26	8,904	20	18.36%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount July/August 2011	Paid Amount	Percent Change
		September/October 2011	
CONCERTA TAB 36MG	\$800,506.57	\$826,792.65	3.28%
ABILIFY TAB 5MG	\$780,348.03	\$731,368.31	-6.28%
SINGULAIR TAB 10MG	\$593,219.70	\$617,195.82	4.04%
ABILIFY TAB 10MG	\$595,331.44	\$564,077.82	-5.25%
CONCERTA TAB 54MG	\$489,011.32	\$558,120.08	14.13%
LEXAPRO TAB 20MG	\$578,530.74	\$549,529.90	-5.01%
SINGULAIR CHW 5MG	\$482,264.69	\$538,220.20	11.60%
SEROQUEL TAB 300MG	\$471,593.45	\$460,988.02	-2.25%
ABILIFY TAB 20MG	\$468,027.84	\$455,521.49	-2.67%
ADDERALL XR CAP 20MG	\$457,194.01	\$444,017.92	-2.88%
ZYPREXA TAB 20MG	\$423,487.28	\$428,456.81	1.17%
PROAIR HFA AER	\$346,053.45	\$425,879.80	23.07%
SEROQUEL TAB 200MG	\$415,933.19	\$394,191.32	-5.23%
SINGULAIR CHW 4MG	\$325,440.60	\$388,521.71	19.38%
CYMBALTA CAP 60MG	\$385,518.63	\$378,950.44	-1.70%
ADDERALL XR CAP 30MG	\$385,201.71	\$373,683.88	-2.99%
SEROQUEL TAB 400MG	\$390,218.93	\$373,266.69	-4.34%
ABILIFY TAB 15MG	\$412,850.31	\$372,999.22	-9.65%
ADVAIR DISKU AER 250/50	\$349,775.41	\$352,444.32	0.76%
SEROQUEL TAB 100MG	\$354,813.74	\$328,642.36	-7.38%
ACTOS TAB 15MG	\$348,736.75	\$328,449.93	-5.82%
ABILIFY TAB 2MG	\$327,427.85	\$327,366.13	-0.02%
VYVANSE CAP 30MG	\$279,264.19	\$322,314.17	15.42%
INCIVEK TAB 375MG	\$121,238.18	\$308,803.32	154.71%
LANTUS INJ 100/ML	\$276,803.53	\$281,937.26	1.85%
ABILIFY TAB 30MG	\$298,532.55	\$279,883.78	-6.25%
GEODON CAP 80MG	\$283,752.90	\$271,541.60	-4.30%
NOVOLOG INJ 100/ML	\$278,004.44	\$265,813.92	-4.39%
CONCERTA TAB 27MG	\$263,911.61	\$264,130.38	0.08%
SPIRIVA CAP HANDIHLR	\$252,172.98	\$254,193.38	0.80%
VYVANSE CAP 40MG	\$223,894.40	\$252,250.05	12.66%
ALPHANATE INJ VWF/HUM	\$160,240.18	\$250,313.79	56.21%
ZYPREXA TAB 15MG	\$228,263.88	\$244,930.57	7.30%
VYVANSE CAP 50MG	\$229,846.95	\$244,352.52	6.31%
PLAVIX TAB 75MG	\$245,725.29	\$237,766.00	-3.24%
SEROQUEL TAB 50MG	\$247,494.04	\$223,116.31	-9.85%

COPAXONE KIT 20MG/ML	\$190,594.00	\$211,385.20	10.91%
CONCERTA TAB 18MG	\$186,142.25	\$201,705.48	8.36%
AZITHROMYCIN SUS 200/5ML	\$88,939.05	\$198,485.20	123.17%
PULMICORT SUS 0.5MG/2	\$132,475.89	\$193,320.34	45.93%
LEVEMIR INJ	\$196,512.23	\$192,828.61	-1.87%
NASONEX SPR 50MCG/AC	\$160,965.90	\$189,769.53	17.89%
VYVANSE CAP 70MG	\$180,077.78	\$186,651.83	3.65%
RISPERDAL INJ 50MG	\$190,015.54	\$186,008.02	-2.11%
COMBIVENT AER	\$192,934.42	\$184,504.71	-4.37%
ADVATE INJ 1500UNIT	\$176,422.29	\$183,624.04	4.08%
FOCALIN XR CAP 20MG	\$173,972.72	\$178,498.22	2.60%
TRICOR TAB 145MG	\$175,922.72	\$171,493.94	-2.52%
ZYPREXA TAB 10MG	\$166,595.62	\$170,829.98	2.54%
VYVANSE CAP 20MG	\$155,973.72	\$168,145.20	7.80%
ADVAIR DISKU AER 500/50	\$166,680.54	\$167,297.04	0.37%
VENTOLIN HFA AER	\$132,766.21	\$160,483.63	20.88%
VENLAFAXINE TAB 150MG ER	\$178,321.16	\$156,520.26	-12.23%
ADDERALL XR CAP 25MG	\$160,147.94	\$155,025.73	-3.20%
PEGASYS KIT	\$101,115.96	\$154,800.34	53.09%
HELIXATE FS INJ 3000UNIT	\$60,736.93	\$154,070.92	153.67%
CYMBALTA CAP 30MG	\$166,775.72	\$153,215.09	-8.13%
FOCALIN XR CAP 15MG	\$133,076.54	\$153,124.80	15.07%
PREVACID CAP 30MG DR	\$245,031.89	\$151,886.50	-38.01%
FOCALIN XR CAP 10MG	\$138,739.95	\$151,627.58	9.29%
HUMALOG INJ 100/ML	\$138,120.62	\$138,099.71	-0.02%
VYVANSE CAP 60MG	\$126,297.24	\$135,281.16	7.11%
ADDERALL XR CAP 15MG	\$145,817.89	\$134,990.82	-7.43%
ACTHAR HP INJ 80UNIT	\$319,397.22	\$133,079.28	-58.33%
GEODON CAP 60MG	\$140,735.88	\$132,398.71	-5.92%
GEODON CAP 40MG	\$132,856.28	\$130,105.91	-2.07%
ADVATE INJ 3000UNIT	\$113,725.10	\$123,202.68	8.33%
LIPITOR TAB 20MG	\$124,840.11	\$122,730.36	-1.69%
SYMBICORT AER 160-4.5	\$123,639.50	\$121,767.56	-1.51%
PULMICORT SUS 0.25MG/2	\$67,126.19	\$120,735.33	79.86%
PERMETHRIN CRE 5%	\$44,148.01	\$120,185.36	172.23%
STRATTERA CAP 40MG	\$117,108.18	\$118,839.43	1.48%
CEFDINIR SUS 250/5ML	\$64,679.92	\$118,289.12	82.88%
ADDERALL XR CAP 10MG	\$113,135.47	\$117,692.96	4.03%
VALTREX TAB 500MG	\$127,287.78	\$116,160.36	-8.74%
LIPITOR TAB 40MG	\$110,522.70	\$115,896.48	4.86%

VALTrex	TAB 1GM	\$118,918.28	\$111,982.27	-5.83%
GENOTROPIN	INJ 12MG	\$127,368.53	\$109,913.30	-13.70%
NUTROPIN AQ	INJ 10MG/2ML	\$110,305.15	\$107,875.62	-2.20%
FLUTICASONE	SPR 50MCG	\$84,914.78	\$107,820.27	26.97%
ADVATE	INJ 1000UNIT	\$136,719.60	\$107,520.49	-21.36%
ENBREL	SRCLK INJ 50MG/ML	\$119,928.96	\$104,392.81	-12.95%
REBIF	INJ 44/0.5	\$128,378.44	\$103,990.53	-19.00%
TOBI	NEB 300/5ML	\$93,706.74	\$102,551.66	9.44%
SEROQUEL	TAB 25MG	\$103,449.03	\$101,779.29	-1.61%
PULMOZYME	SOL 1MG/ML	\$104,287.36	\$101,446.65	-2.72%
HUMIRA PEN	KIT 40MG/0.8	\$107,320.90	\$100,163.46	-6.67%
STRATTERA	CAP 25MG	\$96,231.78	\$99,279.70	3.17%
ADVATE	INJ 2000UNIT	\$85,973.44	\$99,001.47	15.15%
ATRIPLA	TAB	\$99,063.17	\$98,086.37	-0.99%
ZYPREXA	TAB 5MG	\$86,983.30	\$96,508.57	10.95%
INVEGA	TAB 6MG	\$82,223.26	\$96,189.42	16.99%
Loratadine	Tab 10 MG	\$86,026.53	\$88,606.60	3.00%
AVONEX PREFL	KIT 30MCG	\$97,706.88	\$88,548.61	-9.37%
PROVIGIL	TAB 200MG	\$91,937.06	\$88,479.40	-3.76%
ORTHO EVRA	DIS WEEK	\$67,803.87	\$83,829.19	23.63%
ELAPRASE	INJ 6MG/3ML	\$83,768.68	\$83,768.68	0.00%
ZETIA	TAB 10MG	\$79,326.94	\$83,633.38	5.43%
MAXALT-MLT	TAB 10MG	\$81,772.02	\$83,573.29	2.20%
FLOVENT HFA	AER 110MCG	\$75,687.78	\$82,935.25	9.58%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count July/August 2011	Prescription Count September/October 2011	Percent Change
Loratadine Tab 10 MG	10,207	10,649	4.33%
HYDROCO/APAP TAB 5-500MG	10,393	9,489	-8.70%
PROAIR HFA AER	7,660	9,055	18.21%
AZITHROMYCIN SUS 200/5ML	3,610	8,043	122.80%
AMOXICILLIN SUS 400/5ML	4,382	7,935	81.08%
ALBUTEROL NEB 0.083%	3,734	7,460	99.79%
AZITHROMYCIN TAB 250MG	3,949	7,315	85.24%
LORAZEPAM TAB 0.5MG	6,585	6,407	-2.70%
TRAMADOL HCL TAB 50MG	6,088	6,145	0.94%
Acetaminophen Tab 325 MG	5,616	5,760	2.56%
PREDNISOLONE SOL 15MG/5ML	5,110	5,705	58.94%
RANITIDINE TAB 150MG	5,432	5,569	2.52%
LORAZEPAM TAB 1MG	5,599	5,464	-2.41%
CLONIDINE TAB 0.1MG	5,385	5,443	1.08%
LEXAPRO TAB 20MG	5,485	5,430	-1.00%
CLONAZEPAM TAB 1MG	5,572	5,418	-2.76%
AMOXICILLIN SUS 250/5ML	3,275	5,353	63.45%
CLONAZEPAM TAB 0.5MG	5,350	5,251	-1.85%
Aspirin Tab Delayed Release 81 MG	5,240	5,044	-3.74%
CYCLOBENZAPR TAB 10MG	4,698	4,742	0.94%
FLUOXETINE CAP 20MG	4,587	4,695	2.35%
ALPRAZOLAM TAB 0.5MG	4,732	4,672	-1.27%
Cetirizine HCl Tab 10 MG	4,115	4,536	10.23%
ALPRAZOLAM TAB 1MG	4,535	4,405	-2.87%
GUANFACINE TAB 1MG	3,911	4,214	7.75%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,227	4,166	-1.44%
SINGULAIR TAB 10MG	3,955	4,106	3.82%
FLUTICASONE SPR 50MCG	3,164	4,035	27.53%
Acetaminophen Tab 500 MG	3,996	4,020	0.60%
IBUPROFEN TAB 800MG	4,151	3,999	-3.66%
AMOXICILLIN CAP 500MG	3,071	3,942	28.36%
Sennosides-Docusate Sodium Tab 8.6-50 MG	3,757	3,866	2.90%
VENTOLIN HFA AER	3,212	3,811	18.65%

CEPHALEXIN CAP 500MG	3,765	3,783	0.48%
SERTRALINE TAB 100MG	3,562	3,716	4.32%
Aspirin Chew Tab 81 MG	3,745	3,697	-1.28%
SINGULAIR CHW 5MG	3,301	3,665	11.03%
CONCERTA TAB 36MG	3,268	3,619	10.74%
HYDROCO/APAP TAB 5-325MG	3,239	3,530	8.98%
OMEPRAZOLE CAP 20MG	3,218	3,423	6.37%
TRAZODONE TAB 50MG	3,248	3,343	2.92%
SMZ/TMP DS TAB 800-160	3,350	3,280	-2.09%
CITALOPRAM TAB 20MG	2,848	3,083	8.25%
TRAZODONE TAB 100MG	2,906	3,006	3.44%
PREDNISONE TAB 20MG	2,449	3,000	22.50%
AZITHROMYCIN SUS 100/5ML	1,591	2,956	85.80%
FOLIC ACID TAB 1MG	3,016	2,930	-2.85%
ALPRAZOLAM TAB 0.25MG	2,883	2,844	-1.35%
OXYCOD/APAP TAB 5-325MG	2,865	2,794	-2.48%
CONCERTA TAB 54MG	2,278	2,751	20.76%
CITALOPRAM TAB 40MG	2,665	2,698	1.24%
Loratadine Syrup 5 MG/5ML	1,839	2,662	44.75%
SINGULAIR CHW 4MG	2,205	2,623	18.96%
METFORMIN TAB 500MG	2,619	2,597	-0.84%
GABAPENTIN CAP 300MG	2,463	2,558	3.86%
SMZ-TMP SUS 200-40/5	2,490	2,522	1.29%
CEFDINIR SUS 250/5ML	1,374	2,496	81.66%
SERTRALINE TAB 50MG	2,227	2,494	11.99%
VYVANSE CAP 30MG	1,880	2,423	28.88%
ZOLPIDEM TAB 10MG	2,504	2,413	-3.63%
HYDROCO/APAP TAB 7.5-500	2,628	2,408	-8.37%
CEPHALEXIN SUS 250/5ML	2,299	2,380	3.52%
RISPERIDONE TAB 1MG	2,370	2,377	0.30%
NAPROXEN TAB 500MG	2,168	2,358	8.76%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	1,610	2,173	34.97%
SIMVASTATIN TAB 40MG	2,303	2,155	-6.43%
APAP/CODEINE TAB 300-30MG	2,136	2,134	-0.09%
METRONIDAZOL TAB 500MG	1,992	2,129	6.88%
RISPERIDONE TAB 0.5MG	2,005	2,129	6.18%
SIMVASTATIN TAB 20MG	2,077	2,129	2.50%
MUPIROCIN OIN 2%	2,146	2,119	-1.26%

HYDROCHLOROT TAB 25MG	2,143	2,116	-1.26%
Permethrin Lotion 1%	2,354	2,017	-14.32%
PERMETHRIN CRE 5%	1,538	2,013	30.88%
LISINOPRIL TAB 10MG	2,013	2,010	-0.15%
Sennosides Tab 8.6 MG	2,029	2,009	-0.99%
CYMBALTA CAP 60MG	2,007	2,000	-0.35%
DIAZEPAM TAB 5MG	1,998	1,975	-1.15%
CEFDINIR SUS 125/5ML	1,236	1,973	59.63%
AMOX/K CLAV TAB 875MG	1,565	1,961	25.30%
HYDROCO/APAP TAB 10-325MG	1,898	1,960	3.27%
FLUCONAZOLE TAB 150MG	1,862	1,943	4.35%
Aspirin Tab Delayed Release 325 MG	2,000	1,921	-3.95%
Polyethylene Glycol 3350 Oral Powder	1,678	1,832	9.18%
VYVANSE CAP 40MG	1,438	1,799	25.10%
ABILIFY TAB 5MG	1,693	1,766	4.31%
PREDNISONE TAB 10MG	1,504	1,747	16.16%
METFORMIN TAB 1000MG	1,771	1,746	-1.41%
LISINOPRIL TAB 20MG	1,735	1,740	0.29%
Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	571	1,737	204.20%
VYVANSE CAP 50MG	1,482	1,707	15.18%
OMEPRazole CAP 40MG	1,535	1,673	8.99%
ADDERALL XR CAP 20MG	1,647	1,665	1.09%
PRENATAL TAB PLUS	1,732	1,661	-4.10%
FUROSEMIDE TAB 40MG	1,740	1,658	-4.71%
NASONEX SPR 50MCG/AC	1,395	1,654	18.57%
LANTUS INJ 100/ML	1,599	1,617	1.13%
CONCERTA TAB 27MG	1,411	1,612	14.25%
BUPROPN HCL TAB 300MG XL	1,512	1,590	5.16%

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	September/October 2011	November/December 2011	% CHANGE
Total Paid Amount	\$39,687,126	\$41,360,898	4.2%
Unique Users	162,914	161,939	-0.6%
Cost Per User	\$243.61	\$255.41	4.8%
Total Prescriptions	678,431.0	673,340.0	-0.8%
Average Prescriptions Per User	4.16	4.16	0.0%
Average Cost Per Prescription	\$58.50	\$61.43	5.0%
# Generic Prescriptions	523,119	521,674	-0.3%
% Generic	77.1%	77.5%	0.5%
\$ Generic	\$6,278,736	\$6,360,696	1.3%
Average Generic Prescription Cost	\$12.00	\$12.19	1.6%
Average Days Supply	21	21	0.0%
# Brand Prescriptions	155,312	151,666	-2.3%
% Brand	22.9%	22.5%	-1.6%
\$ Brand	\$33,408,390	\$35,000,202	4.8%
Average Brand Prescription Cost	\$215.11	\$230.77	7.3%
Average Days Supply	26	26	0.0%

Utilization by Age

Age	September/October 2011	November/December 2011
0-6	40,228	41,857
7-12	25,083	24,633
13-18	22,652	22,083
19-64	63,406	62,078
65+	11,545	11,288
	162,914	161,939

Utilization by Gender and Age

Gender	Age	September/October 2011	November/December 2011
F			
	0-6	18,901	19,584
	7-12	10,993	10,840
	13-18	11,997	11,863
	19-64	45,056	44,030
	65+	8,666	8,480
		95,613	94,797
M			
	0-6	21,327	22,273
	7-12	14,090	13,793
	13-18	10,655	10,220
	19-64	18,350	18,048
	65+	2,879	2,808
		67,301	67,142

Top 100 Pharmacies by Prescription Count

November/December 2011

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #04405	COUNCIL BLUFFS	IA	8,450	\$472,162.22	1
2	WALGREEN #05239	DAVENPORT	IA	8,423	\$434,248.63	2
3	WALGREEN #05721	DES MOINES	IA	7,409	\$362,135.75	3
4	MARTIN HEALTH SERVICES INC	DENVER	IA	6,479	\$195,277.34	5
5	WALGREEN #910	SIOUX CITY	IA	5,936	\$319,879.44	6
6	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	5,790	\$238,889.89	4
7	WALGREEN #359	DES MOINES	IA	5,600	\$288,944.41	8
8	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,511	\$219,603.15	9
9	WALGREEN COMPANY 07455	WATERLOO	IA	5,377	\$217,102.53	11
10	WALGREENS #07453	DES MOINES	IA	5,325	\$283,344.98	7
11	WALGREEN #05362	DES MOINES	IA	5,236	\$235,550.76	10
12	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,184	\$277,351.51	12
13	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,999	\$219,297.52	13
14	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,819	\$148,432.34	14
15	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,635	\$280,255.04	15
16	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,867	\$234,935.33	18
17	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,547	\$211,258.87	19
18	RASHID PHARMACY PLC	FORT MADISON	IA	3,524	\$212,675.49	24
19	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,520	\$184,342.91	17
20	WALGREEN #05852	DES MOINES	IA	3,518	\$191,802.47	16
21	WALGREEN #04041	DAVENPORT	IA	3,502	\$171,734.57	21
22	WALGREEN COMPANY 05777	DES MOINES	IA	3,482	\$161,658.22	22
23	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,414	\$205,262.13	23
24	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,235	\$107,689.53	25
25	WALGREEN #332	DAVENPORT	IA	3,231	\$173,451.78	26
26	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,173	\$180,921.65	20
27	WALGREEN #03595	DAVENPORT	IA	3,104	\$156,040.84	27
28	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,101	\$174,104.97	28
29	WALGREEN #05044	BURLINGTON	IA	3,025	\$126,144.54	33
30	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	2,967	\$148,274.57	35
31	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,930	\$126,262.61	32
32	MAHASKA DRUG INC	OSKALOOSA	IA	2,927	\$144,422.36	29
33	WALGREENS #05119	CLINTON	IA	2,849	\$143,140.30	31
34	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,780	\$155,109.97	30
35	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,732	\$189,981.01	34
36	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,692	\$136,772.03	36
37	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,646	\$218,277.38	37
38	WALGREEN #7452	DES MOINES	IA	2,574	\$123,639.30	38

39	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,518	\$142,915.30	40
40	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,514	\$135,305.82	51
41	WALGREEN #05361	FORT DODGE	IA	2,436	\$127,619.02	39
42	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,395	\$133,969.70	42
43	WALGREENS #10855	WATERLOO	IA	2,383	\$111,374.96	43
44	MERCY CAREMOR	DUBUQUE	IA	2,369	\$90,743.74	45
45	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,350	\$113,435.34	55
46	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,342	\$124,578.28	50
47	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,317	\$90,508.82	53
48	WALGREENS #09476	BURLINGTON	IA	2,315	\$126,046.18	44
49	DANIEL PHARMACY INC	FORT DODGE	IA	2,292	\$126,334.23	48
50	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,281	\$107,819.23	46
51	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,273	\$71,366.54	41
52	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,206	\$137,402.07	49
53	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,168	\$188,178.51	61
54	HY-VEE PHARMACY (1522)	PERRY	IA	2,168	\$122,765.16	52
55	WALGREEN #03196	MARSHALLTOWN	IA	2,147	\$121,957.09	59
56	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,142	\$101,377.82	65
57	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,122	\$110,278.15	47
58	WALGREENS 07968	DES MOINES	IA	2,115	\$99,379.07	54
59	WALGREEN #05886	KEOKUK	IA	2,110	\$97,926.07	56
60	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,093	\$96,635.06	62
61	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,049	\$121,432.71	58
62	WALGREENS #11942	DUBUQUE	IA	2,004	\$104,114.60	63
63	WALGREEN #4714	DES MOINES	IA	2,001	\$102,845.68	69
64	LA GRANGE PHARMACY INC	VINTON	IA	1,974	\$115,893.06	57
65	WALGREEN #09708	DUBUQUE	IA	1,970	\$85,179.39	64
66	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,905	\$97,530.64	68
67	WAGNER PHARMACY	CLINTON	IA	1,892	\$113,167.21	76
68	SCOTT PHARMACY INC	FAYETTE	IA	1,887	\$87,842.68	70
69	WALGREEN #05077	IOWA CITY	IA	1,861	\$91,000.77	66
70	HY VEE PHARMACY #1449	NEWTON	IA	1,847	\$98,098.95	79
71	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,844	\$89,402.86	72
72	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,843	\$102,532.62	86
73	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	1,840	\$71,437.83	81
74	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,793	\$98,095.98	75
75	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,792	\$103,881.33	84
76	HY-VEE PHARMACY (1065)	CHARITON	IA	1,779	\$90,374.62	71
77	WALGREEN COMPANY #05941	MASON CITY	IA	1,770	\$96,366.13	88
78	MERWIN LTC PHARMACY	ANKENY	IA	1,758	\$91,732.54	60
79	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,752	\$89,358.86	83
80	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,749	\$91,413.15	99
81	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,746	\$86,747.87	82

82	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,721	\$100,417.01	74
84	MEYER HEALTHMART PHARMACY	WAVERLY	IA	1,708	\$108,546.95	94
83	WALGREENS #05977	CORALVILLE	IA	1,708	\$74,859.91	92
85	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,693	\$84,093.81	85
86	HY-VEE PHARMACY 1071	CLARINDA	IA	1,690	\$90,246.15	73
87	HY-VEE PHARMACY (1075)	CLINTON	IA	1,689	\$90,365.77	95
88	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,681	\$80,089.30	78
89	WALGREEN #05942	NEWTON	IA	1,677	\$116,592.23	87
90	WALGREENS #03876	MARION	IA	1,674	\$89,099.33	77
91	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,668	\$98,003.44	67
92	STANGEL PHARMACY	ONAWA	IA	1,660	\$95,779.54	91
93	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,658	\$106,922.77	80
94	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,656	\$116,374.67	101
95	WALGREEN CO. #05144	CLINTON	IA	1,650	\$79,617.98	129
96	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	1,630	\$100,374.00	117
97	HY-VEE PHARMACY (1850)	WASHINGTON	IA	1,617	\$77,719.18	105
98	REDLERS LONG TERM CARE PHARMACY	DAKOTA DUNES	SD	1,616	\$57,174.99	106
99	HAMMER PHARMACY	DES MOINES	IA	1,606	\$133,668.88	96
100	HY-VEE PHARMACY 1382	LE MARS	IA	1,593	\$135,966.12	119

Top 100 Pharmacies by Paid Amount

November/December 2011

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	ARJ INFUSION SERVICES INC	LENEXA	KS	12	\$853,780.06	2
2	INTRUST DBA	URBANDALE	IA	474	\$575,004.35	257
3	WALGREEN #04405	COUNCIL BLUFFS	IA	8,450	\$472,162.22	1
4	WALGREEN #05239	DAVENPORT	IA	8,423	\$434,248.63	3
5	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	170	\$400,657.50	5
6	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	16	\$369,286.16	9
7	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	74	\$362,315.47	7
8	WALGREEN #05721	DES MOINES	IA	7,409	\$362,135.75	6
9	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	19	\$356,365.40	4
10	WALGREEN #910	SIOUX CITY	IA	5,936	\$319,879.44	8
11	WALGREEN #359	DES MOINES	IA	5,600	\$288,944.41	14
12	WALGREENS #07453	DES MOINES	IA	5,325	\$283,344.98	12
13	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,635	\$280,255.04	15
14	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,184	\$277,351.51	13
15	US BIOSERVICE CORPORATION	FRISCO	TX	67	\$246,398.76	10
16	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	5,790	\$238,889.89	16
17	WALGREEN #05362	DES MOINES	IA	5,236	\$235,550.76	20
18	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,867	\$234,935.33	18
19	UNIV OF IOWA COMMUNITY HOMECARE	IOWA CITY	IA	294	\$232,886.78	349
20	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,511	\$219,603.15	19
21	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,999	\$219,297.52	21
22	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,646	\$218,277.38	24
23	WALGREEN COMPANY 07455	WATERLOO	IA	5,377	\$217,102.53	22
24	RASHID PHARMACY PLC	FORT MADISON	IA	3,524	\$212,675.49	28
25	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,547	\$211,258.87	17
26	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,414	\$205,262.13	23
27	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	1,026	\$195,774.90	26
28	MARTIN HEALTH SERVICES INC	DENVER	IA	6,479	\$195,277.34	32
29	WALGREEN #05852	DES MOINES	IA	3,518	\$191,802.47	29
30	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,732	\$189,981.01	27
31	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,168	\$188,178.51	37

32	ACCREDITO HEALTH GROUP INC	WARRENDAL	PA	32	\$187,280.90	31
33	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,520	\$184,342.91	25
34	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,173	\$180,921.65	30
35	CURASCRIPT PHARMACY INC	ORLANDO	FL	34	\$175,491.17	11
36	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,101	\$174,104.97	33
37	WALGREEN #332	DAVENPORT	IA	3,231	\$173,451.78	34
38	WALGREEN #04041	DAVENPORT	IA	3,502	\$171,734.57	35
39	CAREPRO HOME INFUSION	CEDAR RAPIDS	IA	182	\$168,215.14	669
40	WALGREEN COMPANY 05777	DES MOINES	IA	3,482	\$161,658.22	36
41	MERCY SPECIALTY CARE PHARMACY	DES MOINES	IA	415	\$160,772.65	427
42	WALGREEN #03595	DAVENPORT	IA	3,104	\$156,040.84	38
43	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,780	\$155,109.97	40
44	WALGREENS INFUSION SERVICES	OMAHA	NE	62	\$150,359.55	51
45	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,819	\$148,432.34	39
46	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	2,967	\$148,274.57	41
47	MEDFUSION RX LLC	FRANKLIN	TN	58	\$147,721.17	53
48	MAHASKA DRUG INC	OSKALOOSA	IA	2,927	\$144,422.36	42
49	WALGREENS #05119	CLINTON	IA	2,849	\$143,140.30	44
50	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,518	\$142,915.30	54
51	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,206	\$137,402.07	47
52	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,692	\$136,772.03	46
53	HY-VEE PHARMACY 1382	LE MARS	IA	1,593	\$135,966.12	57
54	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,514	\$135,305.82	62
55	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,395	\$133,969.70	55
56	HAMMER PHARMACY	DES MOINES	IA	1,606	\$133,668.88	43
57	GREENWOOD DRUG INC	WATERLOO	IA	1,548	\$128,565.61	63
58	WALGREEN #05361	FORT DODGE	IA	2,436	\$127,619.02	48
59	DANIEL PHARMACY INC	FORT DODGE	IA	2,292	\$126,334.23	64
60	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,930	\$126,262.61	49
61	WALGREEN #05044	BURLINGTON	IA	3,025	\$126,144.54	67
62	WALGREENS #09476	BURLINGTON	IA	2,315	\$126,046.18	50
63	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,342	\$124,578.28	59
64	PHIL CARE PHARMACY	CEDAR RAPIDS	IA	1,466	\$124,039.29	58
65	WALGREEN #7452	DES MOINES	IA	2,574	\$123,639.30	56
66	HY-VEE PHARMACY (1522)	PERRY	IA	2,168	\$122,765.16	61
67	WALGREEN #03196	MARSHALLTOWN	IA	2,147	\$121,957.09	72
68	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,049	\$121,432.71	52

69	WALGREEN #05942	NEWTON	IA	1,677	\$116,592.23	65
70	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,656	\$116,374.67	69
71	LA GRANGE PHARMACY INC	VINTON	IA	1,974	\$115,893.06	60
72	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,350	\$113,435.34	66
73	WAGNER PHARMACY	CLINTON	IA	1,892	\$113,167.21	81
74	HY VEE DRUGSTORE 7007-039	AMES	IA	1,335	\$112,571.99	87
75	KEASLING'S DRUG STORE	KEOKUK	IA	1,288	\$111,582.45	108
76	WALGREENS #10855	WATERLOO	IA	2,383	\$111,374.96	79
77	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,122	\$110,278.15	45
78	MEYER HEALTHMART PHARMACY	WAVERLY	IA	1,708	\$108,546.95	78
79	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,281	\$107,819.23	76
80	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,235	\$107,689.53	77
81	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	1,292	\$107,409.61	153
82	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,658	\$106,922.77	70
83	HY-VEE PHARMACY 1068	CHEROKEE	IA	1,490	\$105,109.61	124
84	WALGREENS 11153	SPENCER	IA	1,477	\$105,059.81	93
85	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	28	\$104,783.94	181
86	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,540	\$104,413.53	74
87	WALGREENS #11942	DUBUQUE	IA	2,004	\$104,114.60	68
88	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,792	\$103,881.33	102
89	WALGREEN #4714	DES MOINES	IA	2,001	\$102,845.68	80
90	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,843	\$102,532.62	83
91	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,142	\$101,377.82	115
92	HY-VEE PHARMACY (1634)	STORM LAKE	IA	1,426	\$100,635.97	91
93	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,721	\$100,417.01	86
94	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	1,630	\$100,374.00	116
95	HUGHES PHARMACIES INC	WATERLOO	IA	1,509	\$100,314.69	88
96	WALGREENS 07968	DES MOINES	IA	2,115	\$99,379.07	71
97	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,422	\$98,562.68	82
98	HY VEE PHARMACY #1449	NEWTON	IA	1,847	\$98,098.95	95
99	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,793	\$98,095.98	96
100	ATLANTIC MEDICAL CTR PHARM	ATLANTIC	IA	1,419	\$98,012.45	106

Top 100 Prescribing Providers by Prescription Count

November/December 2011

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA ALI HAMDAN MD	\$190,868.56	1,956	2
2	ROY W OVERTON III DO	\$57,479.29	1,908	1
3	SARAH A JUSTMANN ARNP	\$153,876.64	1,795	3
4	MARVIN F PIBURN JR, MD	\$129,344.77	1,616	5
5	LARRY RICHARDS DO	\$152,682.17	1,521	4
6	KENT ELDON KUNZE MD	\$175,474.25	1,511	7
7	QAZI UMAR JAVED MD	\$132,235.06	1,499	6
8	JEFFREY D WILHARM MD	\$111,626.58	1,314	10
9	E RICHARD NIGHTINGALE III MD	\$125,202.88	1,259	12
10	BOBBITA NAG	\$114,301.37	1,258	29
11	KEVIN JOHN TOOK MD	\$168,162.42	1,257	13
12	COMM HLTH CTRS OF SOUTHEASTERN I	\$71,753.35	1,208	11
13	SRIRAMAMURTHY RAVIPATI MD	\$139,826.14	1,183	19
14	BRYANT MUTCHLER DO	\$47,861.43	1,181	15
15	RAY C STURDEVANT MD	\$113,351.24	1,163	14
16	J PATRICK BERTROCHE DO	\$158,831.82	1,160	23
17	DENNIS S JONES MD	\$79,132.32	1,159	8
18	KATHLEEN L WILD ARNP	\$114,265.96	1,150	25
19	CAROL SCHMIDT ARNP	\$40,540.70	1,129	16
20	CAROL D AUNAN ARNP	\$110,487.94	1,097	18
21	ALI SAFDAR MD	\$127,253.25	1,093	17
22	RONALD BRINK MD	\$125,799.83	1,087	22
23	HIEDI STJARNA LANE ARNP	\$115,315.05	1,076	33
24	TODD KENT POGUE DO	\$81,969.03	1,071	32
25	DONNER DEWDNEY MD	\$50,952.60	1,067	9
26	RANDALL KAVALIER DO	\$111,448.22	1,053	27
27	ADIB KASSAS MD	\$58,416.08	1,010	52
28	THOMAS SCOTT HOPKINS DO	\$88,992.06	1,006	20
29	WILLIAM MYRON NISSEN MD	\$79,932.45	996	21
30	ODUAH DANIEL OSARO MD	\$59,213.95	954	26
31	THOMAS C PIEKENBROCK MD	\$72,947.02	942	37
32	JAMES BROOKS MD	\$112,377.62	918	42

33	DAVID V GIERLUS DO	\$40,529.58	909	38
34	JOHN FRANKLIN STECKER III MD	\$106,551.19	897	24
35	PAUL DENNIS PETERSON DO	\$50,575.67	896	34
36	KRISHNA POOJAPPA MURTHY MD	\$83,547.95	889	36
37	RAJNI BATRA MD	\$45,060.43	873	30
38	FRANK L BABCOCK, MD	\$71,506.97	859	58
39	CARLA K ABEL-ZIEG ARNP	\$84,603.90	858	47
40	CYD GRAFF ARNP	\$66,059.89	858	53
41	REBECCA JEAN MARIE WOLFE MD	\$60,292.92	857	75
42	ALLYSON L WHEATON MD	\$91,397.29	855	57
43	KATHRYN PAVELKO PA	\$20,746.77	836	82
44	WILLI MARTENS MD	\$37,689.22	834	51
45	MONTE BERNHAGEN MD	\$94,051.06	830	69
46	RANDY R ROBINSON MD	\$35,389.29	822	56
47	RICHARD J KOZENY	\$33,571.61	821	67
48	DANIEL T VANDENBOSCH, M.D.	\$49,396.93	820	96
49	KATHLEEN S ADAMS ARNP	\$111,683.91	819	43
50	KIMBERLY A THOMPSON DO	\$28,956.24	819	28
51	RONALD WILLIAM GRAEFF MD	\$55,623.00	811	40
52	JOADA BEST ARNP	\$80,892.64	807	45
53	BJIRO VIVIAN AGBORO-IDAHOA MD	\$76,749.76	806	46
54	MARTIN FIALKOV MD	\$70,927.56	803	54
55	MARY C SEGRETO DO	\$107,094.70	790	62
56	PETER JOSEPH SZEIBEL MD	\$79,094.15	782	31
57	ANDREA BETH HEMESATH ARNP	\$58,137.08	781	73
58	SHAWN DENNIS JONES MD	\$50,513.32	778	39
59	ISAM ELIAS MARAR MD	\$51,765.73	777	68
60	FREDERICK C ALDRICH MD	\$24,685.67	773	61
61	DAVID M CRAVEN MD	\$29,877.87	761	35
62	ALBERT OKINE PA	\$88,786.38	758	79
63	DEBRA ANN STUDER DO	\$11,811.45	745	87
64	ERIN VOYLES HATCHER	\$95,283.59	737	41
65	LAURA VANCLEVE DO	\$68,567.42	735	66
66	SARAH L BEATTIE	\$77,354.37	734	71
67	MAEN M HADDADIN MD	\$30,869.90	733	55
68	CHRISTIAN W JONES MD	\$34,376.70	730	83
69	SHARON DUCLOS	\$36,546.54	725	63

70	JON S AHRENDSEN MD	\$51,619.10	721	93
71	VIRGILIO CORPUZ MD	\$50,938.96	720	77
72	DAVID WENGER-KELLER MD	\$37,914.31	713	101
74	AIMEE LORENZ MD	\$28,736.91	711	95
73	CHRISTEL L SEEMANN DO	\$32,964.77	711	70
75	WILSON L DAVIS JR MD	\$18,500.88	702	100
76	DAVID M CRIPPIN MD	\$30,888.86	702	44
77	WILLIAM EARL HOWARD DO	\$128,693.76	700	59
78	JON GREGORY THOMAS MD	\$34,400.87	700	72
79	JERROLD V FLATT DO	\$24,698.05	697	64
80	CHRISTOPHER GENE OKIISHI MD	\$54,201.21	697	84
81	LEANNE MORA PAC	\$89,510.71	695	48
82	MIKE CORSBURG PA	\$91,992.32	691	85
83	JAFFAR A SHAIKH MD	\$46,692.23	688	50
84	DAVID P ROBISON DO	\$28,587.65	685	88
85	KIRAN BHASKAR KHANOLKAR MD	\$29,646.30	684	60
86	JOHN W LEE MD	\$31,248.18	679	103
87	KEVIN WILLIAM BLECHLE DO	\$17,116.19	670	94
88	ROBERT D CONNER JR DO	\$12,175.21	667	65
89	LOUIS PASQUALE GERBINO MD	\$58,438.26	665	104
90	SHERRY DIANNE DEKEYSER MD	\$86,203.75	665	115
91	TIMOTHY W SWINTON MD	\$36,695.70	659	153
92	RODNEY DEAN MD	\$75,286.94	655	92
93	ERIC S PETERSEN DO	\$22,821.00	653	99
95	MICHAEL LEE EGGER MD	\$70,101.18	647	114
94	STEVEN G PAULSRUD DO	\$37,459.86	647	110
96	ALAN R BOLLINGER DO	\$32,533.81	646	81
97	MICHAEL L MOELLER MD	\$82,741.22	646	102
99	LISA JAYNE MENZIES MD	\$45,988.05	645	98
98	MUHAMMAD PATHAN MD	\$29,719.45	645	80
100	DEANNA BOOK BOESEN MD	\$71,638.84	643	140

Top 100 Prescribing Providers by Paid Amount

November/December 2011

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	JANICE MARIE ROSE STABER MD	\$1,305,683.63	41	1
2	VILMARIE RODRIGUEZ-PADUA MD	\$214,016.73	24	2
3	GHADA ALI HAMDAN MD	\$190,868.56	1,956	3
4	MARIA J STEELE ARNP	\$179,797.67	92	5
5	KENT ELDON KUNZE MD	\$175,474.25	1,511	6
6	KEVIN JOHN TOOK MD	\$168,162.42	1,257	8
7	J PATRICK BERTROCHE DO	\$158,831.82	1,160	10
8	STEVEN P JOYCE MD	\$158,248.19	378	22
9	SARAH A JUSTMANN ARNP	\$153,876.64	1,795	9
10	LARRY RICHARDS DO	\$152,682.17	1,521	4
11	SRIRAMAMURTHY RAVIPATI MD	\$139,826.14	1,183	17
12	QAZI UMAR JAVED MD	\$132,235.06	1,499	14
13	JULIE K OSTERHAUS ARNP	\$129,617.83	267	28
14	MARVIN F PIBURN JR, MD	\$129,344.77	1,616	12
15	WILLIAM EARL HOWARD DO	\$128,693.76	700	204
16	ALI SAFDAR MD	\$127,253.25	1,093	16
17	RONALD BRINK MD	\$125,799.83	1,087	15
18	E RICHARD NIGHTINGALE III MD	\$125,202.88	1,259	13
19	JENNIFER S COOK MD	\$123,637.84	418	21
20	HIEDI STJARNA LANE ARNP	\$115,315.05	1,076	36
21	BOBBITA NAG	\$114,301.37	1,258	44
22	KATHLEEN L WILD ARNP	\$114,265.96	1,150	27
23	RAY C STURDEVANT MD	\$113,351.24	1,163	20
24	JAMES BROOKS MD	\$112,377.62	918	23
25	KATHLEEN S ADAMS ARNP	\$111,683.91	819	19
26	JEFFREY D WILHARM MD	\$111,626.58	1,314	30
27	RANDALL KAVALIER DO	\$111,448.22	1,053	32
28	CAROL D AUNAN ARNP	\$110,487.94	1,097	24
29	MARY C SEGRETO DO	\$107,094.70	790	29
30	JOHN FRANKLIN STECKER III MD	\$106,551.19	897	18
31	DAVID JOSEPH GNARRA MD	\$105,276.07	22	82
32	ERIN VOYLES HATCHER	\$95,283.59	737	25
33	MONTE BERNHAGEN MD	\$94,051.06	830	50
34	DAVID YURDIN PA	\$92,746.02	426	35
35	MIKE CORSBURG PA	\$91,992.32	691	39
36	ALLYSON L WHEATON MD	\$91,397.29	855	46
37	LEANNE MOREY PA	\$89,510.71	695	31
38	THOMAS SCOTT HOPKINS DO	\$88,992.06	1,006	48
39	ALBERT OKINE PA	\$88,786.38	758	49
40	BRIAN PATRICK LAHEY	\$88,309.24	640	41
41	DIANE LYNN EASTMAN ARNP	\$87,770.20	87	3,574
42	SIF HANSDOTTIR MD	\$87,294.86	36	51

43	SHERRY DIANNE DEKEYSER MD	\$86,203.75	665	54
44	LAURIE WARREN PA	\$84,761.07	584	55
45	CARLA K ABEL-ZIEG ARNP	\$84,603.90	858	42
46	BRUCE L HUGHES MD	\$84,367.04	96	81
47	KRISHNA POOJAPPA MURTHY MD	\$83,547.95	889	38
48	LIUSKA MARIA PESCE MD	\$83,326.55	222	33
49	MARC C PATTERSON MD	\$83,078.40	37	52
50	MICHAEL L MOELLER MD	\$82,741.22	646	40
51	TODD KENT POGUE DO	\$81,969.03	1,071	64
52	JOADA BEST ARNP	\$80,892.64	807	37
53	WILLIAM MYRON NISSEN MD	\$79,932.45	996	43
54	ROLLA F ABU-ARJA MD	\$79,853.98	6	7
55	DENNIS S JONES MD	\$79,132.32	1,159	56
56	PETER JOSEPH SZEIBEL MD	\$79,094.15	782	26
57	STEPHANIE DEE	\$78,309.19	39	137
58	KATHRYN CAROLE BREITBACH ARNP	\$78,243.85	69	8,390
59	SARAH L BEATTIE	\$77,354.37	734	60
60	CARL A AAGESEN DO	\$77,212.51	599	45
61	BJIRO VIVIAN AGBORO-IDAHOSEA MD	\$76,749.76	806	57
62	DOUGLAS HOWARD JONES MD	\$76,651.69	631	58
63	RODNEY DEAN MD	\$75,286.94	655	62
64	DANIEL LAMPTEY MD	\$73,039.76	29	1,707
65	THOMAS C PIEKENBROCK MD	\$72,947.02	942	66
66	DAVID LESLIE FRIEDGOOD DO	\$72,475.25	194	74
67	COMM HLTH CTRS OF SOUTHEASTERN I	\$71,753.35	1,208	53
68	DEANNA BOOK BOESEN MD	\$71,638.84	643	71
69	FRANK L BABCOCK, MD	\$71,506.97	859	76
70	MARTIN FIALKOV MD	\$70,927.56	803	70
71	MARK WILLIAM MITTAUER MD	\$70,770.88	603	63
72	ALAN CHRISTOPHER WHITTERS MD	\$70,358.04	588	68
73	MICHAEL LEE EGGER MD	\$70,101.18	647	61
74	BRAHMANANDA PRASADARAO MAKKAPATI	\$70,075.21	503	69
75	JUDITH A MILLER ARNP	\$68,733.88	25	72
76	LAURIE VANCLEVE DO	\$68,567.42	735	73
77	IVAN DELGADO-RAMOS MD	\$68,141.34	394	91
78	ANTHONY G ZAMUDIO ARNP	\$67,158.03	494	47
79	RICARDO RENE FLORES MD	\$67,154.32	177	65
80	CYD GRAFF ARNP	\$66,059.89	858	92
81	SUSAN SMITH ARNP	\$65,768.57	627	90
82	EDWARD G NASSIF MD	\$65,352.08	546	88
83	SHARON ECKHART ARNP	\$64,191.12	495	84
84	TRUCE Taneo ORDONA MD	\$63,561.40	561	109
85	MATT D EGGERS MD	\$63,493.96	583	123
86	STEVEN LENTZ MD	\$63,454.25	9	9,218
87	MARY W NIXON ARNP	\$63,360.19	626	89
88	MICHAEL COY MD	\$62,949.35	505	111

89	RICHARD PAUL VOTTA MD	\$61,205.02	457	186
90	REBECCA JEAN MARIE WOLFE MD	\$60,292.92	857	94
91	KELLI CHARNELL GREEN MD	\$59,887.66	589	75
92	CHRISTOPHER D TUMPKIN MD	\$59,615.20	273	79
93	ODUAH DANIEL OSARO MD	\$59,213.95	954	77
94	LOUIS PASQUALE GERBINO MD	\$58,438.26	665	93
95	ADIB KASSAS MD	\$58,416.08	1,010	115
96	ANDREA BETH HEMESATH ARNP	\$58,137.08	781	95
97	ROY W OVERTON III DO	\$57,479.29	1,908	100
98	JENNIFER A GROOS MD	\$57,315.59	245	999
99	STEFANIE RENEE YEARIAN ARNP	\$56,616.60	621	118
100	MARK S HENSLEY	\$56,546.25	597	78

Top 20 Therapeutic Class by Paid Amount

Category Description	September/October 2011	Rank	% Budget	November/December 2011	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$7,306,262	1	18.4%	\$7,410,390	1	17.9%	1.4%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,671,318	2	6.7%	\$2,765,462	2	6.7%	3.5%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,093,712	3	5.3%	\$2,133,235	3	5.2%	1.9%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,861,545	4	4.7%	\$1,862,291	4	4.5%	0.0%
ANTIHEMOPHILIC AGENTS	\$1,396,628	7	3.5%	\$1,818,048	5	4.4%	30.2%
ANTICONVULSANTS	\$1,744,415	5	4.4%	\$1,729,736	6	4.2%	-0.8%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	\$1,600,892	6	4.0%	\$1,461,771	7	3.5%	-8.7%
RSV PROPHYLAXIS				\$1,262,714	8	3.1%	
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,044,678	8	2.6%	\$1,033,600	9	2.5%	-1.1%
STIMULANTS - METHYLPHENIDATE	\$811,839	11	2.0%	\$853,012	10	2.1%	5.1%
DIABETIC - INSULIN	\$812,247	10	2.0%	\$838,866	11	2.0%	3.3%
ANTIASTHMATIC - BETA - ADRENERGICS	\$854,406	9	2.2%	\$784,969	12	1.9%	-8.1%
ANTIASTHMATIC - STEROID INHALANTS	\$718,229	12	1.8%	\$702,820	13	1.7%	-2.1%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$638,641	14	1.6%	\$666,872	14	1.6%	4.4%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$658,422	13	1.7%	\$665,557	15	1.6%	1.1%
MULTIPLE SCLEROSIS AGENTS	\$531,050	15	1.3%	\$534,802	16	1.3%	0.7%
HEPATITIS C AGENTS	\$508,378	16	1.3%	\$522,456	17	1.3%	2.8%
GROWTH HORMONE	\$432,279	19	1.1%	\$477,034	18	1.2%	10.4%
DIABETIC - INSULIN PENFILLS	\$448,665	17	1.1%	\$461,243	19	1.1%	2.8%
NARCOTICS - MISC.	\$432,454	18	1.1%	\$427,535	20	1.0%	-1.1%

Top 20 Therapeutic Class by Prescription Count

Category Description	September/October 2011	Prev Rank	November/December 2011	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	49,497	1	51,213	1	3.47%
ANTICONVULSANTS	33,501	2	34,069	2	1.70%
NARCOTICS - MISC.	31,126	3	30,466	3	-2.12%
ANXIOLYTICS - BENZODIAZEPINES	30,784	4	30,415	4	-1.20%
BETA-LACTAMS / CLAVULANATE COMBO'S	27,288	5	28,181	5	3.27%
ANTIPSYCHOTICS - ATYPICALS	23,638	7	24,455	6	3.46%
ANALGESICS - MISC.	24,727	6	24,388	7	-1.37%
ANTIASTHMATIC - BETA - ADRENERGICS	23,184	8	21,357	8	-7.88%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	20,124	10	20,864	9	3.68%
ANTIHISTAMINES - NON-SEDATING	20,460	9	17,229	10	-15.79%
STIMULANTS - AMPHETAMINES - LONG ACTING	15,348	11	16,078	11	4.76%
CEPHALOSPORINS	13,931	12	14,236	12	2.19%
ANTIHYPERTENSIVES - CENTRAL	12,356	15	12,765	13	3.31%
NSAIDS	12,667	14	12,167	14	-3.95%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	12,934	13	11,619	15	-10.17%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	11,516	16	11,609	16	0.81%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,540	18	10,627	17	0.83%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,793	17	9,848	18	-8.76%
GI - H2-ANTAGONISTS	9,846	19	9,808	19	-0.39%
STIMULANTS - METHYLPHENIDATE	8,907	20	9,356	20	5.04%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount	Paid Amount	Percent Change
	September/October 2011	November/December 2011	
ABILIFY	\$2,754,781.23	\$2,825,515.64	2.57%
SEROQUEL	\$1,879,590.31	\$1,893,806.41	0.76%
CONCERTA	\$1,849,810.51	\$1,889,547.48	2.15%
SINGULAIR	\$1,599,733.71	\$1,460,728.75	-8.69%
VYVANSE	\$1,308,610.82	\$1,431,589.31	9.40%
ADDERALL XR	\$1,256,096.87	\$1,217,770.07	-3.05%
ZYPREXA	\$1,001,904.70	\$958,908.18	-4.29%
FOCALIN XR	\$647,338.50	\$687,645.81	6.23%
GEODON	\$609,653.34	\$622,431.26	2.10%
NOVOSEVEN RT	\$206,109.94	\$614,243.68	198.02%
LEXAPRO	\$570,009.40	\$605,545.64	6.23%
ADVATE	\$566,656.92	\$576,729.16	1.78%
ADVAIR DISKUS	\$599,833.75	\$571,537.60	-4.72%
CYMBALTA	\$543,178.67	\$546,972.39	0.70%
STRATTERA	\$453,626.14	\$486,165.53	7.17%
PROAIR HFA	\$424,662.44	\$371,014.93	-12.63%
AZITHROMYCIN	\$340,702.89	\$361,298.21	6.04%
LIPITOR	\$348,755.70	\$354,944.35	1.77%
INCIVEK	\$308,803.32	\$334,676.72	8.38%
PULMICORT	\$333,333.79	\$327,637.52	-1.71%
ALPHANATE/VON WILLEBRAND	\$250,313.79	\$305,751.79	22.15%
RISPERDAL CONSTA	\$289,582.52	\$293,106.14	1.22%
SPIRIVA HANDIHALER	\$253,484.58	\$291,630.37	15.05%
LANTUS	\$281,101.80	\$291,396.36	3.66%
NOVOLOG	\$265,566.75	\$282,401.11	6.34%
CEFDINIR	\$226,308.53	\$258,212.23	14.10%
VENLAFAXINE HCL ER	\$296,089.11	\$250,258.01	-15.48%
PLAVIX	\$237,938.15	\$240,866.46	1.23%
VALTREX	\$226,363.49	\$233,631.54	3.21%
ACTOS	\$328,591.33	\$218,572.57	-33.48%
COPAXONE	\$211,385.20	\$197,692.35	-6.48%
HYDROCODONE/ACETAMINOPHEN	\$195,042.77	\$194,279.16	-0.39%
INVEGA	\$189,852.18	\$193,125.58	1.72%
COMBIVENT	\$184,928.77	\$191,865.17	3.75%
LEVEMIR	\$192,828.61	\$190,838.06	-1.03%
GENOTROPIN	\$146,842.06	\$190,300.96	29.60%

TRICOR	\$178,454.95	\$182,472.78	2.25%
AMPHETAMINE/DEXTROAMPHETA	\$141,562.26	\$179,632.52	26.89%
CRESTOR	\$172,505.72	\$173,421.08	0.53%
LOVENOX	\$168,968.89	\$170,788.36	1.08%
FLOVENT HFA	\$178,386.65	\$162,416.17	-8.95%
SYMBICORT	\$150,908.43	\$159,490.93	5.69%
NASONEX	\$189,611.90	\$156,282.62	-17.58%
AMOXICILLIN	\$152,458.97	\$155,649.06	2.09%
INVEGA SUSTENNA	\$126,553.26	\$154,316.42	21.94%
OXYCONTIN	\$146,813.74	\$147,311.47	0.34%
VENTOLIN HFA	\$159,972.48	\$146,008.80	-8.73%
PEGASYS	\$147,778.39	\$145,939.98	-1.24%
HUMALOG	\$137,619.47	\$144,694.59	5.14%
TOPAMAX	\$142,912.02	\$141,867.39	-0.73%
PERMETHRIN	\$142,140.90	\$138,239.20	-2.74%
ENBREL SURECLICK	\$104,392.81	\$134,140.72	28.50%
SEROQUEL XR	\$129,136.46	\$127,963.71	-0.91%
GABAPENTIN	\$127,236.28	\$127,736.41	0.39%
ELAPRASE	\$83,768.68	\$125,653.02	50.00%
RISPERIDONE	\$120,553.01	\$122,628.57	1.72%
PREVACID	\$159,400.10	\$122,180.77	-23.35%
VESICARE	\$130,113.07	\$120,316.29	-7.53%
QVAR	\$104,167.33	\$111,358.26	6.90%
GENOTROPIN MINIQUICK	\$98,728.47	\$109,210.52	10.62%
DEXILANT	\$83,283.05	\$108,924.06	30.79%
METADATE CD	\$106,772.49	\$106,261.26	-0.48%
TOBI	\$102,551.66	\$106,138.78	3.50%
GLEEVEC	\$78,788.44	\$105,770.03	34.25%
HUMIRA PEN	\$100,163.46	\$104,632.94	4.46%
KEPPRA	\$116,700.74	\$104,353.87	-10.58%
PULMOZYME	\$101,446.65	\$100,739.49	-0.70%
REBIF	\$100,668.51	\$100,694.40	0.03%
DEXEDRINE	\$91,569.41	\$98,353.57	7.41%
AMOXICILLIN/CLAVULANATE P	\$88,835.41	\$95,814.82	7.86%
HUMIRA	\$65,826.70	\$94,083.34	42.93%
PROVIGIL	\$97,469.53	\$93,514.78	-4.06%
GAMUNEX-C	\$100,117.67	\$92,969.23	-7.14%
ATRIPLA	\$98,086.37	\$91,720.00	-6.49%
HIZENTRA	\$107,426.32	\$91,406.54	-14.91%
FLUTICASONE PROPIONATE	\$107,894.90	\$89,417.70	-17.13%

KADIAN	\$85,652.00	\$89,076.83	4.00%
DEPAKOTE ER	\$98,539.78	\$88,895.39	-9.79%
LYRICA	\$89,687.65	\$88,034.86	-1.84%
NOVOLOG FLEXPEN	\$73,934.64	\$87,849.81	18.82%
ENBREL	\$77,698.14	\$87,694.67	12.87%
ORTHO EVRA	\$83,511.85	\$86,855.29	4.00%
AMOXICILLIN/POTASSIUM CLA	\$86,139.46	\$86,753.23	0.71%
LAMICTAL	\$91,651.77	\$85,914.86	-6.26%
MAXALT-MLT	\$90,997.57	\$85,630.98	-5.90%
FELBATOL	\$83,805.22	\$83,509.52	-0.35%
HUMATE-P	\$40,991.45	\$82,981.18	102.44%
DIASTAT ACUDIAL	\$87,853.28	\$82,401.22	-6.21%
SAPHRIS	\$79,269.17	\$82,228.02	3.73%
BUPROPION HCL XL	\$80,656.69	\$82,083.57	1.77%
ZETIA	\$83,237.35	\$81,673.29	-1.88%
ALBUTEROL SULFATE	\$85,429.81	\$81,435.49	-4.68%
VIMPAT	\$76,208.55	\$81,311.15	6.70%
LANTUS SOLOSTAR	\$78,678.42	\$80,447.57	2.25%
INTUNIV	\$78,915.61	\$78,241.99	-0.85%
NUVARING	\$81,665.09	\$77,883.13	-4.63%
DAYTRANA	\$73,469.84	\$77,823.21	5.93%
ALPRAZOLAM	\$78,649.30	\$77,623.42	-1.30%
BETASERON	\$53,195.69	\$77,485.96	45.66%
TRILEPTAL	\$80,437.09	\$77,349.12	-3.84%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count September/October 2011	Prescription Count November/December 2011	Percent Change
Loratadine Tab 10 MG	10,689	9,395	-12.11%
HYDROCO/APAP TAB 5-500MG	9,492	8,984	-5.35%
AZITHROMYCIN SUS 200/5ML	8,048	8,590	6.73%
AMOXICILLIN SUS 400/5ML	7,948	8,466	6.52%
PROAIR HFA AER	9,029	7,806	-13.55%
AZITHROMYCIN TAB 250MG	7,308	7,317	0.12%
ALBUTEROL NEB 0.083%	7,443	7,117	-4.38%
LORAZEPAM TAB 0.5MG	6,515	6,328	-2.87%
TRAMADOL HCL TAB 50MG	6,144	5,969	-2.85%
Acetaminophen Tab 325 MG	5,908	5,735	-2.93%
RANITIDINE TAB 150MG	5,567	5,581	0.25%
CLONAZEPAM TAB 1MG	5,439	5,556	2.15%
LORAZEPAM TAB 1MG	5,511	5,514	0.05%
CLONIDINE TAB 0.1MG	5,452	5,508	1.03%
AMOXICILLIN SUS 250/5ML	5,368	5,401	0.61%
LEXAPRO TAB 20MG	5,431	5,380	-0.94%
CLONAZEPAM TAB 0.5MG	5,273	5,316	0.82%
Aspirin Tab Delayed Release 81 MG	5,131	5,090	-0.80%
FLUOXETINE CAP 20MG	4,686	4,860	3.71%
CYCLOBENZAPR TAB 10MG	4,742	4,744	0.04%
ALPRAZOLAM TAB 0.5MG	4,681	4,676	-0.11%
GUANFACINE TAB 1MG	4,212	4,512	7.12%
ALPRAZOLAM TAB 1MG	4,402	4,411	0.20%
Cetirizine HCl Tab 10 MG	4,543	4,164	-8.34%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,201	4,114	-2.07%
Sennosides-Docusate Sodium Tab 8.6-50 MG	3,920	4,012	2.35%
Acetaminophen Tab 500 MG	4,091	3,944	-3.59%
AMOXICILLIN CAP 500MG	3,928	3,911	-0.43%
IBUPROFEN TAB 800MG	3,993	3,896	-2.43%
SERTRALINE TAB 100MG	3,706	3,872	4.48%
SINGULAIR TAB 10MG	4,096	3,805	-7.10%
Aspirin Chew Tab 81 MG	3,767	3,762	-0.13%
CONCERTA TAB 36MG	3,620	3,652	0.88%

PREDNISOLONE SOL 15MG/5ML	5,716	3,620	-36.67%
HYDROCO/APAP TAB 5-325MG	3,530	3,619	2.52%
TRAZODONE TAB 50MG	3,354	3,513	4.74%
VENTOLIN HFA AER	3,799	3,464	-8.82%
OMEPRAZOLE CAP 20MG	3,416	3,459	1.26%
CEPHALEXIN CAP 500MG	3,780	3,429	-9.29%
SINGULAIR CHW 5MG	3,660	3,326	-9.13%
FLUTICASONE SPR 50MCG	4,016	3,302	-17.78%
AZITHROMYCIN SUS 100/5ML	2,960	3,242	9.53%
CITALOPRAM TAB 20MG	3,076	3,193	3.80%
TRAZODONE TAB 100MG	3,005	3,166	5.36%
SMZ/TMP DS TAB 800-160	3,274	2,965	-9.44%
CEFDINIR SUS 250/5ML	2,497	2,923	17.06%
FOLIC ACID TAB 1MG	2,950	2,917	-1.12%
CONCERTA TAB 54MG	2,750	2,827	2.80%
ALPRAZOLAM TAB 0.25MG	2,871	2,757	-3.97%
OXYCOD/APAP TAB 5-325MG	2,802	2,753	-1.75%
CITALOPRAM TAB 40MG	2,700	2,710	0.37%
SERTRALINE TAB 50MG	2,488	2,648	6.43%
VYVANSE CAP 30MG	2,424	2,580	6.44%
GABAPENTIN CAP 300MG	2,561	2,565	0.16%
RISPERIDONE TAB 1MG	2,375	2,514	5.85%
PREDNISONE TAB 20MG	2,992	2,499	-16.48%
METFORMIN TAB 500MG	2,595	2,491	-4.01%
SMZ-TMP SUS 200-40/5	2,526	2,454	-2.85%
ZOLPIDEM TAB 10MG	2,404	2,398	-0.25%
SINGULAIR CHW 4MG	2,615	2,329	-10.94%
HYDROCO/APAP TAB 7.5-500	2,408	2,292	-4.82%
NAPROXEN TAB 500MG	2,356	2,274	-3.48%
CEFDINIR SUS 125/5ML	1,973	2,261	14.60%
RISPERIDONE TAB 0.5MG	2,127	2,229	4.80%
CEPHALEXIN SUS 250/5ML	2,392	2,178	-8.95%
SIMVASTATIN TAB 40MG	2,159	2,178	0.88%
SIMVASTATIN TAB 20MG	2,126	2,116	-0.47%
LISINOPRIL TAB 10MG	2,016	2,059	2.13%
HYDROCHLOROT TAB 25MG	2,123	2,058	-3.06%
HYDROCO/APAP TAB 10-325MG	1,975	2,058	4.20%
APAP/CODEINE TAB 300-30MG	2,122	2,053	-3.25%

CYMBALTA CAP 60MG	1,997	2,053	2.80%
DIAZEPAM TAB 5MG	1,994	2,033	1.96%
Sennosides Tab 8.6 MG	2,028	2,025	-0.15%
VYVANSE CAP 40MG	1,800	1,997	10.94%
Aspirin Tab Delayed Release 325 MG	1,956	1,966	0.51%
Polyethylene Glycol 3350 Oral Powder	1,825	1,960	7.40%
METRONIDAZOL TAB 500MG	2,112	1,942	-8.05%
VYVANSE CAP 50MG	1,709	1,913	11.94%
ABILIFY TAB 5MG	1,775	1,903	7.21%
AMOX/K CLAV TAB 875MG	1,960	1,897	-3.21%
AMOX/K CLAV SUS 600/5ML	1,566	1,874	19.67%
FLUCONAZOLE TAB 150MG	1,935	1,861	-3.82%
MUPIROCIN OIN 2%	2,121	1,844	-13.06%
PERMETHRIN CRE 5%	2,004	1,815	-9.43%
Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	1,731	1,810	4.56%
LISINOPRIL TAB 20MG	1,752	1,806	3.08%
Loratadine Syrup 5 MG/5ML	2,654	1,798	-32.25%
METFORMIN TAB 1000MG	1,741	1,769	1.61%
OMEPRAZOLE CAP 40MG	1,669	1,761	5.51%
ONDANSETRON TAB 4MG ODT	1,125	1,753	55.82%
PROMETHAZINE TAB 25MG	1,509	1,751	16.04%
Permethrin Lotion 1%	2,007	1,697	-15.45%
CONCERTA TAB 27MG	1,614	1,671	3.53%
LANTUS INJ 100/ML	1,617	1,670	3.28%
BUPROPION HCL TAB 300MG XL	1,573	1,649	4.83%
ADDERALL XR CAP 20MG	1,667	1,643	-1.44%
PRENATAL TAB PLUS	1,643	1,643	0.00%
FUROSEMIDE TAB 40MG	1,662	1,628	-2.05%
MELOXICAM TAB 15MG	1,562	1,613	3.27%

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	November/December 2011	January/February 2012	% CHANGE
Total Paid Amount	\$42,035,759	\$42,395,970	0.9%
Unique Users	161,881	165,562	2.3%
Cost Per User	\$259.67	\$256.07	-1.4%
Total Prescriptions	674,558.0	680,658.0	0.9%
Average Prescriptions Per User	4.17	4.11	-1.4%
Average Cost Per Prescription	\$62.32	\$62.29	0.0%
# Generic Prescriptions	522,996	530,086	1.4%
% Generic	77.5%	77.9%	0.5%
\$ Generic	\$6,372,910	\$6,320,464	-0.8%
Average Generic Prescription Cost	\$12.19	\$11.92	-2.2%
Average Days Supply	21	21	0.0%
# Brand Prescriptions	151,562	150,572	-0.7%
% Brand	22.5%	22.1%	-1.6%
\$ Brand	\$35,662,848	\$36,075,507	1.2%
Average Brand Prescription Cost	\$235.30	\$239.59	1.8%
Average Days Supply	26	26	0.0%

Utilization by Age

Age	November/December 2011	January/February 2012
0-6	41,899	39,593
7-12	24,639	26,807
13-18	22,113	22,992
19-64	61,796	64,359
65+	11,434	11,811
	161,881	165,562

Utilization by Gender and Age

Gender	Age	November/December 2011	January/February 2012
F			
	0-6	19,601	18,674
	7-12	10,843	11,872
	13-18	11,871	11,661
	19-64	43,766	45,452
	65+	8,580	8,815
		94,661	96,474
M			
	0-6	22,298	20,919
	7-12	13,796	14,935
	13-18	10,242	11,331
	19-64	18,030	18,907
	65+	2,854	2,996
		67,220	69,088

Top 100 Pharmacies by Prescription Count

January/February 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #04405	COUNCIL BLUFFS	IA	8,940	\$513,051.06	1
2	WALGREEN #05239	DAVENPORT	IA	8,388	\$464,481.24	2
3	WALGREEN #05721	DES MOINES	IA	7,539	\$389,437.90	3
4	MARTIN HEALTH SERVICES INC	DENVER	IA	6,783	\$197,080.28	4
5	WALGREEN #910	SIOUX CITY	IA	5,684	\$293,825.68	5
6	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,619	\$227,565.93	8
7	WALGREEN #359	DES MOINES	IA	5,538	\$303,367.82	7
8	WALGREEN COMPANY 07455	WATERLOO	IA	5,379	\$235,703.26	9
9	WALGREENS #07453	DES MOINES	IA	5,274	\$286,391.31	10
10	WALGREEN #05362	DES MOINES	IA	5,249	\$233,191.98	12
11	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,210	\$269,575.69	11
12	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,058	\$235,962.86	13
13	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,861	\$146,748.95	14
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,606	\$276,727.86	15
15	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	3,706	\$169,683.06	6
16	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,685	\$236,674.54	16
17	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,625	\$228,974.09	17
18	WALGREEN #05852	DES MOINES	IA	3,614	\$186,054.95	20
19	WALGREEN #04041	DAVENPORT	IA	3,554	\$173,149.82	22
20	WALGREEN COMPANY 05777	DES MOINES	IA	3,541	\$168,498.21	21
21	RASHID PHARMACY PLC	FORT MADISON	IA	3,533	\$202,368.13	18
22	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,413	\$182,977.52	19
23	WALGREEN #11709	DAVENPORT	IA	3,412	\$184,119.79	25
24	MAHASKA DRUG INC	OSKALOOSA	IA	3,218	\$167,225.80	30
25	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,135	\$174,242.81	26
26	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,133	\$192,566.48	23
27	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,105	\$105,982.82	24
28	WALGREEN #03595	DAVENPORT	IA	3,092	\$158,689.76	27
29	WALGREEN #05044	BURLINGTON	IA	3,014	\$131,007.43	29
30	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,992	\$135,523.74	32
31	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,987	\$176,279.79	28
32	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,821	\$194,551.80	172
33	WALGREENS #05119	CLINTON	IA	2,801	\$138,400.73	33
34	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	2,796	\$154,368.30	31
35	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,777	\$159,167.27	34
36	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,749	\$198,716.14	35
37	WALGREEN #7452	DES MOINES	IA	2,683	\$132,189.65	38
38	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,636	\$134,985.59	36

39	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,589	\$160,280.27	40
40	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,490	\$148,174.46	43
41	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,485	\$207,374.27	37
42	WALGREENS #10855	WATERLOO	IA	2,476	\$114,567.28	44
43	MERCY CAREMOR	DUBUQUE	IA	2,469	\$92,872.68	42
44	WALGREEN #05361	FORT DODGE	IA	2,449	\$131,493.42	41
45	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,417	\$146,487.64	46
46	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,391	\$89,753.78	49
47	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,351	\$119,617.14	50
48	WALGREENS #09476	BURLINGTON	IA	2,340	\$129,201.50	48
49	HY-VEE PHARMACY (1522)	PERRY	IA	2,329	\$117,709.27	54
50	WALGREENS 07968	DES MOINES	IA	2,228	\$113,956.06	57
51	DANIEL PHARMACY INC	FORT DODGE	IA	2,215	\$122,211.79	51
52	WALGREEN #05886	KEOKUK	IA	2,189	\$96,358.75	58
53	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,179	\$115,708.71	56
54	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,169	\$106,527.48	45
55	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,160	\$91,414.84	47
56	WALGREEN #03196	MARSHALLTOWN	IA	2,159	\$116,317.23	55
57	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,157	\$131,825.45	52
58	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,120	\$127,732.18	61
59	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,113	\$124,467.50	39
60	LA GRANGE PHARMACY INC	VINTON	IA	2,098	\$115,822.27	64
61	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	2,096	\$111,993.75	75
62	WALGREENS #11942	DUBUQUE	IA	2,091	\$110,344.76	62
63	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,083	\$161,726.26	53
64	WALGREEN #09708	DUBUQUE	IA	2,056	\$91,858.90	65
65	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	2,044	\$99,518.17	72
66	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,021	\$105,525.46	59
67	WALGREEN #4714	DES MOINES	IA	2,018	\$109,777.51	63
68	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,011	\$91,412.98	60
69	SCOTT PHARMACY INC	FAYETTE	IA	1,996	\$102,676.92	68
70	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	1,909	\$83,723.61	71
71	WAGNER PHARMACY	CLINTON	IA	1,903	\$117,830.05	67
72	WALGREEN #05077	IOWA CITY	IA	1,898	\$92,167.28	70
73	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,892	\$104,835.50	74
74	MEDICAP PHARMACY	INDIANOLA	IA	1,883	\$74,249.51	220
75	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,882	\$93,833.44	81
76	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,881	\$101,700.21	66
77	WALGREENS #05977	CORALVILLE	IA	1,854	\$81,916.39	84
78	HY-VEE PHARMACY 1071	CLARINDA	IA	1,847	\$99,487.88	91
79	HY-VEE PHARMACY (1065)	CHARITON	IA	1,845	\$92,911.73	77
80	HY VEE PHARMACY #1449	NEWTON	IA	1,834	\$107,116.65	73
81	MERWIN LTC PHARMACY	ANKENY	IA	1,819	\$108,507.32	69
82	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,815	\$101,887.73	82

83	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,780	\$135,416.09	83
84	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,772	\$95,267.31	76
85	WALGREEN COMPANY #05941	MASON CITY	IA	1,759	\$97,624.73	78
86	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,756	\$103,724.70	79
87	HY-VEE PHARMACY (1075)	CLINTON	IA	1,753	\$113,393.93	87
88	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,753	\$84,266.21	90
89	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,747	\$106,043.18	109
90	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,745	\$103,896.13	94
91	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,736	\$164,916.19	80
92	WALGREENS #03876	MARION	IA	1,733	\$83,642.87	92
93	HY-VEE PHARMACY (1850)	WASHINGTON	IA	1,693	\$92,626.92	98
94	WALGREEN #05942	NEWTON	IA	1,685	\$89,317.46	88
95	FIFIELD PHARMACY	DES MOINES	IA	1,684	\$99,639.69	102
96	STANGEL PHARMACY	ONAWA	IA	1,661	\$99,529.00	89
97	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	1,658	\$98,185.75	97
98	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	1,655	\$71,742.88	105
99	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,638	\$80,274.80	86
100	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	1,624	\$80,365.30	114

Top 100 Pharmacies by Paid Amount

January/February 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	INTRUST DBA	URBANDALE	IA	461	\$753,832.95	2
2	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	21	\$539,684.11	6
3	WALGREEN #04405	COUNCIL BLUFFS	IA	8,940	\$513,051.06	3
4	WALGREEN #05239	DAVENPORT	IA	8,388	\$464,481.24	4
5	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	188	\$407,656.84	5
6	WALGREEN #05721	DES MOINES	IA	7,539	\$389,437.90	8
7	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	77	\$344,979.69	7
8	UNIV OF IOWA COMMUNITY HOMECARE	IOWA CITY	IA	330	\$304,325.37	16
9	WALGREEN #359	DES MOINES	IA	5,538	\$303,367.82	11
10	WALGREEN #910	SIOUX CITY	IA	5,684	\$293,825.68	10
11	WALGREENS #07453	DES MOINES	IA	5,274	\$286,391.31	12
12	CURASCRIPT PHARMACY INC	ORLANDO	FL	45	\$278,307.17	35
13	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,606	\$276,727.86	13
14	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,210	\$269,575.69	14
15	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,685	\$236,674.54	18
16	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,058	\$235,962.86	20
17	WALGREEN COMPANY 07455	WATERLOO	IA	5,379	\$235,703.26	23
18	WALGREEN #05362	DES MOINES	IA	5,249	\$233,191.98	19
19	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,625	\$228,974.09	25
20	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,619	\$227,565.93	21
21	CAREPRO HOME INFUSION	CEDAR RAPIDS	IA	188	\$221,686.76	37
22	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,485	\$207,374.27	22
23	MEDFUSION RX LLC	FRANKLIN	TN	78	\$206,934.87	46
24	MERCY SPECIALTY CARE PHARMACY	DES MOINES	IA	405	\$203,810.63	40
25	RASHID PHARMACY PLC	FORT MADISON	IA	3,533	\$202,368.13	24
26	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	1,056	\$199,601.56	27
27	US BIOSERVICE CORPORATION	FRISCO	TX	59	\$198,838.19	15
28	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,749	\$198,716.14	30
29	MARTIN HEALTH SERVICES INC	DENVER	IA	6,783	\$197,080.28	28
30	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,821	\$194,551.80	310
31	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,133	\$192,566.48	26

32	ACCREDITO HEALTH GROUP INC	WARRENDAL	PA	34	\$186,090.70	32
33	WALGREEN #05852	DES MOINES	IA	3,614	\$186,054.95	29
34	WALGREEN #11709	DAVENPORT	IA	3,412	\$184,119.79	38
35	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,413	\$182,977.52	33
36	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	9	\$182,852.67	9
37	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,987	\$176,279.79	36
38	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,135	\$174,242.81	34
39	WALGREENS INFUSION SERVICES	OMAHA	NE	67	\$173,370.67	47
40	WALGREEN #04041	DAVENPORT	IA	3,554	\$173,149.82	39
41	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	3,706	\$169,683.06	17
42	WALGREEN COMPANY 05777	DES MOINES	IA	3,541	\$168,498.21	41
43	MAHASKA DRUG INC	OSKALOOSA	IA	3,218	\$167,225.80	48
44	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,736	\$164,916.19	51
45	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,083	\$161,726.26	31
46	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,589	\$160,280.27	50
47	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,777	\$159,167.27	43
48	WALGREEN #03595	DAVENPORT	IA	3,092	\$158,689.76	42
49	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	2,796	\$154,368.30	45
50	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	63	\$152,919.97	137
51	HAMMER PHARMACY	DES MOINES	IA	1,599	\$151,397.45	55
52	HY-VEE PHARMACY 1382	LE MARS	IA	1,566	\$150,742.95	52
53	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,490	\$148,174.46	57
54	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,861	\$146,748.95	44
55	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,417	\$146,487.64	64
56	WALGREENS #05119	CLINTON	IA	2,801	\$138,400.73	49
57	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,992	\$135,523.74	60
58	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,780	\$135,416.09	92
59	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,636	\$134,985.59	53
60	WALGREEN #7452	DES MOINES	IA	2,683	\$132,189.65	65
61	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,157	\$131,825.45	54
62	WALGREEN #05361	FORT DODGE	IA	2,449	\$131,493.42	58
63	WALGREEN #05044	BURLINGTON	IA	3,014	\$131,007.43	61
64	WALGREENS #09476	BURLINGTON	IA	2,340	\$129,201.50	62
65	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,120	\$127,732.18	69
66	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,113	\$124,467.50	56
67	GREENWOOD DRUG INC	WATERLOO	IA	1,473	\$122,792.25	59
68	DANIEL PHARMACY INC	FORT DODGE	IA	2,215	\$122,211.79	63

69	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	1,440	\$121,911.40	81
70	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,351	\$119,617.14	80
71	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,606	\$119,295.93	72
72	WAGNER PHARMACY	CLINTON	IA	1,903	\$117,830.05	74
73	HY-VEE PHARMACY (1522)	PERRY	IA	2,329	\$117,709.27	66
74	WALGREEN #03196	MARSHALLTOWN	IA	2,159	\$116,317.23	68
75	LA GRANGE PHARMACY INC	VINTON	IA	2,098	\$115,822.27	71
76	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,179	\$115,708.71	78
77	WALGREENS #10855	WATERLOO	IA	2,476	\$114,567.28	77
78	WALGREENS 07968	DES MOINES	IA	2,228	\$113,956.06	97
79	HY-VEE PHARMACY (1075)	CLINTON	IA	1,753	\$113,393.93	116
80	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	2,096	\$111,993.75	98
81	WALGREENS #11942	DUBUQUE	IA	2,091	\$110,344.76	87
82	WALGREEN #4714	DES MOINES	IA	2,018	\$109,777.51	91
83	HY VEE DRUGSTORE 7007-039	AMES	IA	1,320	\$109,504.44	75
84	MERWIN LTC PHARMACY	ANKENY	IA	1,819	\$108,507.32	107
85	WALGREENS 11153	SPENCER	IA	1,480	\$108,461.73	84
86	WALGREEN #07454	ANKENY	IA	1,573	\$108,198.54	110
87	HY VEE PHARMACY #1449	NEWTON	IA	1,834	\$107,116.65	101
88	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,169	\$106,527.48	73
89	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,747	\$106,043.18	109
90	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,105	\$105,982.82	79
91	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,021	\$105,525.46	93
92	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,892	\$104,835.50	90
93	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,745	\$103,896.13	83
94	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,756	\$103,724.70	112
95	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,597	\$103,293.36	86
96	WALGREEN COMPANY DBA	OTTUMWA	IA	1,514	\$103,234.64	132
97	SCOTT PHARMACY INC	FAYETTE	IA	1,996	\$102,676.92	128
98	ATLANTIC MEDICAL CTR PHARM	ATLANTIC	IA	1,365	\$102,230.23	100
99	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,815	\$101,887.73	130
100	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,881	\$101,700.21	103

Top 100 Prescribing Providers by Prescription Count

January/February 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	LARRY RICHARDS DO	\$187,697.20	2,194	5
2	GHADA ALI HAMDAN MD	\$210,355.91	2,057	2
3	SARAH A JUSTMANN ARNP	\$166,705.28	1,889	3
4	ROY W OVERTON III DO	\$51,891.29	1,758	1
5	MARVIN F PIBURN JR, MD	\$121,647.35	1,549	4
6	KENT ELDON KUNZE MD	\$179,296.39	1,488	6
7	BOBBITA NAG	\$138,598.06	1,479	11
8	E RICHARD NIGHTINGALE III MD	\$142,054.70	1,319	9
9	J PATRICK BERTROCHE DO	\$169,572.94	1,316	18
10	QAZI UMAR JAVED MD	\$127,861.63	1,289	7
11	KEVIN JOHN TOOK MD	\$179,570.33	1,281	10
12	KATHLEEN L WILD ARNP	\$131,313.12	1,260	19
13	CAROL D AUNAN ARNP	\$131,265.49	1,236	22
14	BRYANT MUTCHLER DO	\$47,304.19	1,233	15
15	CAROL SCHMIDT ARNP	\$49,794.00	1,205	20
16	HIEDI STJARNA LANE ARNP	\$137,455.55	1,195	23
17	JEFFREY D WILHARM MD	\$94,704.01	1,173	8
18	RAJNI BATRA MD	\$56,231.17	1,155	37
19	RAY C STURDEVANT MD	\$113,292.43	1,144	16
20	RANDALL KAVALIER DO	\$136,394.51	1,085	26
21	RONALD W BRINK MD	\$131,770.32	1,075	24
22	SRIRAMAMURTHY RAVIPATI MD	\$118,067.02	1,019	14
23	DENNIS S JONES MD	\$76,112.73	1,010	17
24	TODD KENT POGUE DO	\$82,697.04	1,005	25
25	ALI SAFDAR MD	\$116,673.65	1,002	21
26	DAVID V GIERLUS DO	\$44,946.60	996	33
27	KIMBERLY A THOMPSON DO	\$39,868.03	977	51
28	CYD Q. GRAFFT	\$79,274.27	974	41
29	ALLYSON L WHEATON MD	\$103,821.18	968	38
30	WILLIAM MYRON NISSEN MD	\$79,232.20	966	27
31	KATHLEEN S ADAMS ARNP	\$129,916.32	964	48
32	JOHN FRANKLIN STECKER III MD	\$114,990.98	956	34
33	SHAWN DENNIS JONES MD	\$60,073.97	953	60
34	MONTE BERNHAGEN MD	\$115,004.28	952	47
35	JOADA BEST ARNP	\$100,930.69	949	55
36	THOMAS C PIEKENBROCK MD	\$69,828.23	947	31
37	PAUL DENNIS PETERSON DO	\$55,720.54	939	35
38	KRISHNA POOJAPPA MURTHY MD	\$95,122.27	929	36
39	MAEN M HADDADIN MD	\$40,102.65	924	67
40	REBECCA J WOLFE	\$64,116.20	915	40
41	THOMAS SCOTT HOPKINS DO	\$86,250.82	907	28

42	ANNE LASH ARNP	\$102,420.85	903	231
44	MARTIN FIALKOV MD	\$80,403.46	894	54
43	KATHRYN ENZLER PAC	\$23,346.84	894	44
45	ODUAH DANIEL OSARO MD	\$82,772.53	890	30
46	DAVID M CRAVEN MD	\$44,769.02	850	50
47	DAVID M CRIPPIN MD	\$36,675.82	846	78
48	CHRISTIAN W JONES MD	\$34,980.13	843	68
49	LAURA M VAN CLEVE DO	\$76,678.80	835	64
50	PETER JOSEPH SZEIBEL MD	\$83,900.06	834	57
51	RANDY R ROBINSON MD	\$37,012.72	823	46
52	BJIRO VIVIAN AGBORO-IDAHOA MD	\$77,677.65	819	53
53	FRANK L BABCOCK, MD	\$74,008.12	818	42
54	CHRISTOPHER GENE OKIISHI MD	\$65,533.04	809	84
55	ISAM ELIAS MARAR MD	\$49,055.97	806	59
56	ADIB KASSAS MD	\$52,627.32	805	29
57	JAMES BROOKS MD	\$114,593.74	789	32
58	RICHARD J KOZENY	\$33,968.70	786	45
59	WILLIAM EARL HOWARD DO	\$152,785.18	782	81
60	KIRAN BHASKAR KHANOLKAR MD	\$32,877.54	777	88
61	FREDERICK C ALDRICH MD	\$27,442.14	775	61
62	COMM HLTH CTRS OF SOUTHEASTERN I	\$46,884.70	775	13
63	RONALD WILLIAM GRAEFF MD	\$59,193.67	774	52
64	MARY C SEGRETO DO	\$108,940.54	767	56
65	ALBERT OKINE PAC	\$96,917.78	760	63
66	SHARON DUCLOS	\$37,699.72	757	70
67	SARAH L BEATTIE	\$77,281.35	755	66
68	CARLA K ABEL-ZIEG ARNP	\$79,298.02	749	39
69	LISA JAYNE MENZIES MD	\$58,471.52	743	83
70	DUSTIN R SMITH MD	\$37,359.94	738	104
71	KAREN ANNE MELLODY ARNP	\$35,647.56	734	139
72	DEBRA ANN STUDER DO	\$11,641.86	729	62
73	WILLI MARTENS MD	\$34,416.94	728	43
74	MICHAEL LEE EGGER MD	\$86,905.92	719	96
75	DONNER DEWDNEY MD	\$46,170.51	709	12
76	ERIN VOYLES HATCHER	\$92,865.83	703	65
77	KEVIN WILLIAM BLECHLE DO	\$18,465.43	698	90
78	ROBERT D CONNER JR DO	\$14,223.01	695	71
79	RAHUL BANSAL MD	\$58,149.71	685	192
80	LEANNE MOREY PAC	\$87,590.76	682	82
81	TIMOTHY W SWINTON MD	\$35,148.62	675	94
83	DOUGLAS HOWARD JONES MD	\$77,487.12	672	102
82	JON S AHRENDSEN MD	\$55,189.09	672	69
84	JOHN D BIRKETT MD	\$26,614.48	671	125
85	JERROLD V FLATT DO	\$26,476.97	669	79
86	CHRISTEL L SEEMANN DO	\$32,415.74	667	77
87	BRIAN PATRICK LAHEY	\$96,693.50	667	98

88	JAFFAR SHAIKH MD	\$47,483.34	666	86
89	DANIEL JOSEPH ARNOLD DO	\$25,099.54	665	115
90	DAVID WENGER-KELLER MD	\$30,764.56	664	74
91	STEFANIE RENEE YEARIAN ARNP	\$59,904.49	663	109
93	ALAN R BOLLINGER DO	\$31,367.18	663	91
92	BRYON H CARLSON MD	\$34,366.57	663	111
94	ALAN CHRISTOPHER WHITTERS MD	\$79,023.57	657	131
95	VIRGILIO CORPUZ MD	\$45,291.93	654	72
96	CARL A AAGESEN DO	\$95,394.72	653	121
97	JOSEPH MATTHEW WANZEK III DO	\$28,818.28	649	186
98	LINDA S OZAKI	\$38,776.43	645	116
99	MARY W NIXON ARNP	\$64,928.10	640	108
100	ROBERT MARVIN KENT MD	\$25,561.40	639	106

Top 100 Prescribing Providers by Paid Amount

January/February 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	JANICE MARIE ROSE STABER MD	\$663,294.53	40	1
2	GHADA ALI HAMDAN MD	\$210,355.91	2,057	3
3	LARRY RICHARDS DO	\$187,697.20	2,194	10
4	MARIA J STEELE ARNP	\$186,449.71	111	4
5	KEVIN JOHN TOOK MD	\$179,570.33	1,281	6
6	KENT ELDON KUNZE MD	\$179,296.39	1,488	5
7	J PATRICK BERTROCHE DO	\$169,572.94	1,316	8
8	SARAH A JUSTMANN ARNP	\$166,705.28	1,889	9
9	WILLIAM EARL HOWARD DO	\$152,785.18	782	16
10	DUANGCHAI NARAWONG MD	\$146,931.88	527	107
11	STEVEN LENTZ MD	\$145,308.31	9	30
12	E RICHARD NIGHTINGALE III MD	\$142,054.70	1,319	18
13	BOBBITA NAG	\$138,598.06	1,479	22
14	HIEDI STJARNA LANE ARNP	\$137,455.55	1,195	21
15	RANDALL KAVALIER DO	\$136,394.51	1,085	26
16	JENNIFER S COOK MD	\$134,340.59	479	20
17	RONALD W BRINK MD	\$131,770.32	1,075	19
18	KATHLEEN L WILD ARNP	\$131,313.12	1,260	23
19	CAROL D AUNAN ARNP	\$131,265.49	1,236	29
20	KATHLEEN S ADAMS ARNP	\$129,916.32	964	27
21	QAZI UMAR JAVED MD	\$127,861.63	1,289	13
22	KATHRYN CAROLE BREITBACH ARNP	\$121,958.49	92	58
23	MARVIN F PIBURN JR, MD	\$121,647.35	1,549	15
24	SRIRAMAMURTHY RAVIPATI MD	\$118,067.02	1,019	12
25	STEVEN P JOYCE MD	\$116,975.51	388	7
26	ALI SAFDAR MD	\$116,673.65	1,002	17
27	MONTE BERNHAGEN MD	\$115,004.28	952	37
28	JOHN FRANKLIN STECKER III MD	\$114,990.98	956	32
29	JAMES BROOKS MD	\$114,593.74	789	25
30	RAY C STURDEVANT MD	\$113,292.43	1,144	24
31	DIANE LYNN EASTMAN ARNP	\$112,690.96	87	35
32	DAVID YURDIN PAC	\$110,912.15	453	36
33	MARY C SEGRETO DO	\$108,940.54	767	31
34	ALLYSON L WHEATON MD	\$103,821.18	968	39
35	ANNE LASH ARNP	\$102,420.85	903	122
36	JOADA BEST ARNP	\$100,930.69	949	55
37	JULIE K OSTERHAUS ARNP	\$97,454.42	257	14
38	ALBERT OKINE PAC	\$96,917.78	760	43
39	BRIAN PATRICK LAHEY	\$96,693.50	667	42
40	VILMARIE RODRIGUEZ-PADUA MD	\$96,585.41	7	2

41	CARL A AAGESEN DO	\$95,394.72	653	61
42	KRISHNA POOJAPPA MURTHY MD	\$95,122.27	929	49
43	JEFFREY D WILHARM MD	\$94,704.01	1,173	28
44	EVA TSALIKIAN MD	\$93,619.50	158	121
45	ERIN VOYLES HATCHER	\$92,865.83	703	34
46	DANIEL LAMPTEY MD	\$92,818.23	30	65
47	BRUCE L HUGHES MD	\$90,026.80	88	47
48	LEANNE MOREY PAC	\$87,590.76	682	41
49	MICHAEL LEE EGGER MD	\$86,905.92	719	68
50	THOMAS SCOTT HOPKINS DO	\$86,250.82	907	40
51	LIUSKA MARIA PESCE	\$84,933.36	213	50
52	RICARDO RENE FLORES MD	\$84,117.31	194	79
53	PETER JOSEPH SZEIBEL MD	\$83,900.06	834	56
54	MICHAEL L MOELLER MD	\$83,217.48	610	52
55	ODUAH DANIEL OSARO MD	\$82,772.53	890	93
56	TODD KENT POGUE DO	\$82,697.04	1,005	53
57	SHERRY DIANNE DEKEYSER MD	\$81,491.52	597	45
58	JIMMY RAE MASCARO DO	\$80,767.49	608	100
59	MARTIN FIALKOV MD	\$80,403.46	894	72
60	CARLA K ABEL-ZIEG ARNP	\$79,298.02	749	48
61	CYD Q. GRAFFT	\$79,274.27	974	82
62	WILLIAM MYRON NISSEN MD	\$79,232.20	966	54
63	ALAN CHRISTOPHER WHITTERS MD	\$79,023.57	657	74
64	BJIRO VIVIAN AGBORO-IDAHOA MD	\$77,677.65	819	62
65	DOUGLAS HOWARD JONES MD	\$77,487.12	672	63
66	SARAH L BEATTIE	\$77,281.35	755	60
67	DEANNA BOOK BOESEN MD	\$77,182.63	627	70
68	MARC C PATTERSON MD	\$76,808.14	48	51
69	LAURA M VAN CLEVE DO	\$76,678.80	835	77
70	DENNIS S JONES MD	\$76,112.73	1,010	57
71	RODNEY DEAN MD	\$75,109.83	638	64
72	DAVID JOSEPH GNARRA MD	\$74,835.49	21	33
73	FRANK L BABCOCK, MD	\$74,008.12	818	71
74	ANTHONY G ZAMUDIO ARNP	\$71,629.21	483	80
75	RICHARD PAUL VOTTA MD	\$70,369.80	494	89
76	LAURIE WARREN	\$70,155.39	567	46
77	THOMAS C PIEKENBROCK MD	\$69,828.23	947	66
78	MARK WILLIAM MITTAUER MD	\$69,067.68	624	73
79	SUSAN J SMITH ARNP	\$67,610.41	578	81
80	MATT D EGGERS MD	\$67,339.32	553	85
81	IVAN DELGADO-RAMOS MD	\$67,175.28	382	78
82	SIF HANSDOTTIR MD	\$66,913.75	29	44
83	KELLI CHARNELL GREEN MD	\$65,677.12	557	91
84	CHRISTOPHER GENE OKIISHI MD	\$65,533.04	809	105
85	LOUIS PASQUALE GERBINO MD	\$65,142.27	605	95
86	MARY W NIXON ARNP	\$64,928.10	640	87

87	BRAHMANANDA PRASADARAO MAKKAPATI	\$64,890.79	498	75
88	SCOTT KELLY NAU MD	\$64,282.80	224	116
89	REBECCA J WOLFE	\$64,116.20	915	90
90	MICHAEL COY MD	\$63,718.70	466	88
91	SANGEETA RAMKRISHNADES GOEL MD	\$63,591.41	250	161
92	CRAIG N SEAMANDS MD	\$63,468.62	633	104
93	SHARON ECKHART ARNP	\$63,329.11	503	83
94	TRUCE Taneo ORDONA MD	\$61,352.34	548	86
95	SHAWN DENNIS JONES MD	\$60,073.97	953	119
96	STEFANIE RENEE YEARIAN ARNP	\$59,904.49	663	102
97	WENDY ANNE WALDMAN MD	\$59,387.29	411	135
98	RONALD WILLIAM GRAEFF MD	\$59,193.67	774	101
99	FRANCIS E JONES MD	\$58,887.53	557	136
100	EDWARD G NASSIF MD	\$58,778.80	516	84

Top 20 Therapeutic Class by Paid Amount

Category Description	November/December 2011	Rank	% Budget	January/February 2012	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$7,408,984	1	17.6%	\$7,954,233	1	18.8%	7.4%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,761,419	2	6.6%	\$2,864,453	2	6.8%	3.7%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,130,748	4	5.1%	\$2,252,447	3	5.3%	5.7%
RSV PROPHYLAXIS	\$1,287,658	8	3.1%	\$1,752,739	4	4.1%	36.1%
ANTICONVULSANTS	\$1,726,850	6	4.1%	\$1,736,352	5	4.1%	0.6%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,860,299	5	4.4%	\$1,724,940	6	4.1%	-7.3%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	\$1,457,922	7	3.5%	\$1,525,018	7	3.6%	4.6%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,032,637	9	2.5%	\$1,071,817	8	2.5%	3.8%
ANTIHEMOPHILIC AGENTS	\$2,481,970	3	5.9%	\$1,066,588	9	2.5%	-57.0%
DIABETIC - INSULIN	\$836,930	11	2.0%	\$1,038,379	10	2.4%	24.1%
STIMULANTS - METHYLPHENIDATE	\$851,749	10	2.0%	\$952,439	11	2.2%	11.8%
ANTIASTHMATIC - BETA - ADRENERGICS	\$782,873	12	1.9%	\$824,097	12	1.9%	5.3%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$666,037	14	1.6%	\$731,301	13	1.7%	9.8%
ANTIASTHMATIC - STEROID INHALANTS	\$701,530	13	1.7%	\$729,696	14	1.7%	4.0%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$664,548	15	1.6%	\$707,272	15	1.7%	6.4%
MULTIPLE SCLEROSIS AGENTS	\$531,749	16	1.3%	\$578,807	16	1.4%	8.8%
HEPATITIS C AGENTS	\$522,456	17	1.2%	\$537,051	17	1.3%	2.8%
GROWTH HORMONE	\$477,302	18	1.1%	\$515,013	18	1.2%	7.9%
NARCOTICS - MISC.	\$427,919	20	1.0%	\$420,946	19	1.0%	-1.6%
BETA-LACTAMS / CLAVULANATE COMBO'S	\$381,100	24	0.9%	\$402,578	20	0.9%	5.6%

Top 20 Therapeutic Class by Prescription Count

Category Description	November/December 2012	Prev Rank	January/February 2012	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	51,234	1	52,775	1	3.01%
ANTICONVULSANTS	34,138	2	33,956	2	-0.53%
BETA-LACTAMS / CLAVULANATE COMBO'S	28,200	5	31,275	3	10.90%
NARCOTICS - MISC.	30,513	4	30,083	4	-1.41%
ANXIOLYTICS - BENZODIAZEPINES	30,588	3	29,737	5	-2.78%
ANTIPSYCHOTICS - ATYPICALS	24,525	7	24,776	6	1.02%
ANALGESICS - MISC.	24,877	6	23,771	7	-4.45%
ANTIASTHMATIC - BETA - ADRENERGICS	21,326	8	22,304	8	4.59%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	20,862	9	21,615	9	3.61%
STIMULANTS - AMPHETAMINES - LONG ACTING	16,084	11	16,365	10	1.75%
ANTIHISTAMINES - NON-SEDATING	17,303	10	16,184	11	-6.47%
CEPHALOSPORINS	14,238	12	15,367	12	7.93%
ANTIHYPERTENSIVES - CENTRAL	12,777	13	13,216	13	3.44%
NSAIDS	12,147	14	12,307	14	1.32%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	11,606	16	11,938	15	2.86%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	11,617	15	11,712	16	0.82%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,634	17	10,621	17	-0.12%
GI - H2-ANTAGONISTS	9,819	19	10,205	18	3.93%
STIMULANTS - METHYLPHENIDATE	9,359	20	9,806	19	4.78%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	9,832	18	9,598	20	-2.38%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount	Paid Amount	Percent Change
	November/December 2012	January/February 2012	
ABILIFY	\$2,826,667.29	\$3,112,911.77	10.13%
SEROQUEL	\$1,891,517.97	\$2,120,172.17	12.09%
CONCERTA	\$1,887,481.39	\$2,001,222.28	6.03%
SYNAGIS	\$1,287,657.55	\$1,752,739.45	36.12%
VYVANSE	\$1,431,446.44	\$1,611,278.39	12.56%
SINGULAIR	\$1,456,879.80	\$1,523,689.84	4.59%
ADDERALL XR	\$1,213,981.01	\$1,120,693.18	-7.68%
ZYPREXA	\$960,343.12	\$951,419.66	-0.93%
FOCALIN XR	\$686,878.16	\$781,474.26	13.77%
GEODON	\$622,703.77	\$658,644.07	5.77%
ADVATE	\$576,729.16	\$634,631.78	10.04%
LEXAPRO	\$605,212.95	\$610,039.27	0.80%
CYMBALTA	\$546,757.93	\$586,686.09	7.30%
ADVAIR DISKUS	\$571,373.73	\$581,028.84	1.69%
STRATTERA	\$484,774.97	\$525,332.94	8.37%
LANTUS	\$290,554.70	\$467,185.41	60.79%
LIPITOR	\$353,931.68	\$382,760.88	8.15%
PROAIR HFA	\$370,140.59	\$378,523.95	2.26%
PULMICORT	\$327,577.48	\$368,702.20	12.55%
AZITHROMYCIN	\$361,098.84	\$333,095.42	-7.76%
INCIVEK	\$334,676.72	\$306,230.15	-8.50%
SPIRIVA HANDIHALER	\$291,180.36	\$293,469.62	0.79%
RISPERDAL CONSTA	\$292,527.51	\$290,563.88	-0.67%
NOVOLOG	\$281,755.40	\$285,668.49	1.39%
CEFDINIR	\$258,168.27	\$270,684.99	4.85%
VALTREX	\$232,174.00	\$244,559.50	5.33%
PLAVIX	\$241,673.68	\$241,541.55	-0.05%
COPAXONE	\$197,692.35	\$230,331.80	16.51%
GENOTROPIN	\$190,330.96	\$216,417.02	13.71%
LOVENOX	\$171,694.46	\$208,078.70	21.19%
COMBIVENT	\$191,884.19	\$204,471.62	6.56%
ACTOS	\$219,170.84	\$203,120.21	-7.32%
TRICOR	\$182,472.78	\$193,488.13	6.04%
CRESTOR	\$173,238.23	\$192,132.49	10.91%
AMPHETAMINE/DEXTROAMPHETA	\$179,733.52	\$191,022.71	6.28%
HYDROCODONE/ACETAMINOPHEN	\$194,676.13	\$181,061.04	-6.99%

INVEGA	\$192,783.40	\$177,817.46	-7.76%
AMOXICILLIN	\$155,749.21	\$174,291.92	11.91%
SYMBICORT	\$158,975.36	\$167,579.05	5.41%
INVEGA SUSTENNA	\$154,316.42	\$167,005.28	8.22%
FLOVENT HFA	\$161,683.12	\$165,061.81	2.09%
NASONEX	\$155,791.44	\$159,167.94	2.17%
PEGASYS	\$145,939.98	\$156,426.51	7.19%
HUMALOG	\$144,037.14	\$149,171.56	3.56%
VENTOLIN HFA	\$145,569.22	\$145,400.07	-0.12%
TOPAMAX	\$141,570.31	\$143,139.98	1.11%
DEXILANT	\$107,894.23	\$132,448.57	22.76%
OXYCONTIN	\$147,352.98	\$128,234.40	-12.97%
VESICARE	\$120,372.30	\$128,124.20	6.44%
PERMETHRIN	\$138,082.57	\$124,429.84	-9.89%
ENBREL SURECLICK	\$134,140.72	\$123,455.70	-7.97%
SEROQUEL XR	\$126,576.26	\$122,920.58	-2.89%
KEPPRA	\$103,931.56	\$120,415.22	15.86%
DEXEDRINE	\$98,353.57	\$117,743.00	19.71%
QVAR	\$110,982.47	\$117,713.84	6.07%
RISPERIDONE	\$122,959.27	\$115,315.29	-6.22%
ATRIPLA	\$93,343.97	\$114,667.89	22.84%
GENOTROPIN MINQUICK	\$109,448.63	\$114,425.48	4.55%
GABAPENTIN	\$127,321.29	\$113,741.22	-10.67%
GAMUNEX-C	\$92,969.23	\$113,635.25	22.23%
ACTHAR HP	\$26,616.33	\$113,391.02	326.02%
METADATE CD	\$106,136.94	\$113,151.17	6.61%
PROVIGIL	\$93,514.78	\$110,816.21	18.50%
AMOXICILLIN/CLAVULANATE P	\$95,690.28	\$109,940.35	14.89%
HUMIRA PEN	\$104,632.94	\$107,986.22	3.20%
REBIF	\$100,694.40	\$106,424.41	5.69%
GLEEVEC	\$105,770.03	\$103,232.18	-2.40%
EXJADE	\$75,912.45	\$99,589.22	31.19%
PROLASTIN-C	\$50,443.46	\$98,474.82	95.22%
LANTUS SOLOSTAR	\$80,082.98	\$97,943.27	22.30%
PULMOZYME	\$100,739.49	\$97,124.04	-3.59%
NOVOLOG FLEXPEN	\$87,607.32	\$95,676.10	9.21%
ENBREL	\$87,694.67	\$94,649.71	7.93%
FLUTICASONE PROPIONATE	\$89,314.46	\$94,001.39	5.25%
LYRICA	\$87,698.80	\$92,592.56	5.58%
AMOXICILLIN/POTASSIUM CLA	\$86,574.25	\$91,969.64	6.23%

DIASTAT ACUDIAL	\$82,593.25	\$89,229.19	8.03%
FELBATOL	\$83,509.52	\$88,352.71	5.80%
ALBUTEROL SULFATE	\$81,312.07	\$88,290.97	8.58%
INTUNIV	\$78,797.97	\$87,172.73	10.63%
VIMPAT	\$79,406.10	\$86,799.18	9.31%
TRILEPTAL	\$76,673.21	\$86,142.59	12.35%
DAYTRANA	\$77,574.70	\$85,510.90	10.23%
MAXALT-MLT	\$85,444.71	\$84,489.66	-1.12%
DEPAKOTE ER	\$88,563.24	\$83,971.62	-5.18%
ELAPRASE	\$125,653.02	\$83,768.68	-33.33%
SAPHRIS	\$82,228.02	\$82,858.61	0.77%
HIZENTRA	\$99,703.32	\$82,101.52	-17.65%
BUPROPION HCL XL	\$81,652.36	\$81,663.93	0.01%
AVONEX	\$70,428.27	\$81,317.25	15.46%
BETASERON	\$77,485.96	\$81,162.40	4.74%
TOBI	\$106,138.78	\$80,407.45	-24.24%
ORTHO EVRA	\$85,886.04	\$80,362.09	-6.43%
LAMICTAL	\$85,959.86	\$79,275.82	-7.78%
KADIAN	\$88,936.14	\$79,063.10	-11.10%
ZETIA	\$81,805.30	\$78,931.61	-3.51%
NUVARING	\$76,887.69	\$78,056.65	1.52%
HUMIRA	\$94,083.34	\$77,488.68	-17.64%
ALPRAZOLAM	\$77,830.06	\$74,760.77	-3.94%
HUMATE-P	\$82,981.18	\$48,577.98	-41.46%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count November/December 2012	Prescription Count January/February 2012	Percent Change
AMOXICILLIN SUS 400/5ML	8,474	9,757	15.14%
AZITHROMYCIN SUS 200/5ML	8,593	8,968	4.36%
Loratadine Tab 10 MG	9,457	8,788	-7.07%
HYDROCO/APAP TAB 5-500MG	8,969	8,422	-6.10%
ALBUTEROL NEB 0.083%	7,118	7,954	11.74%
PROAIR HFA AER	7,785	7,800	0.19%
AZITHROMYCIN TAB 250MG	7,302	7,595	4.01%
LORAZEPAM TAB 0.5MG	6,423	6,216	-3.22%
TRAMADOL HCL TAB 50MG	5,966	6,071	1.76%
AMOXICILLIN SUS 250/5ML	5,414	5,854	8.13%
RANITIDINE TAB 150MG	5,590	5,820	4.11%
CLONIDINE TAB 0.1MG	5,515	5,615	1.81%
Acetaminophen Tab 325 MG	5,887	5,551	-5.71%
PREDNISOLONE SOL 15MG/5ML	10,316	5,422	-67.14%
CLONAZEPAM TAB 1MG	5,578	5,395	-3.28%
LORAZEPAM TAB 1MG	5,544	5,348	-3.54%
LEXAPRO TAB 20MG	5,376	5,307	-1.28%
CLONAZEPAM TAB 0.5MG	5,339	5,227	-2.10%
FLUOXETINE CAP 20MG	4,856	5,097	4.96%
Aspirin Tab Delayed Release 81 MG	5,147	4,951	-3.81%
GUANFACINE TAB 1MG	4,516	4,740	4.96%
CYCLOBENZAPR TAB 10MG	4,728	4,727	-0.02%
ALPRAZOLAM TAB 0.5MG	4,695	4,675	-0.43%
ALPRAZOLAM TAB 1MG	4,402	4,324	-1.77%
AMOXICILLIN CAP 500MG	3,902	4,169	6.84%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,188	4,076	-2.67%
HYDROCO/APAP TAB 5-325MG	3,622	3,993	10.24%
SERTRALINE TAB 100MG	3,864	3,945	2.10%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,070	3,928	-3.49%
Cetirizine HCl Tab 10 MG	4,179	3,923	-6.13%
Acetaminophen Tab 500 MG	4,019	3,796	-5.55%
IBUPROFEN TAB 800MG	3,884	3,791	-2.39%
CONCERTA TAB 36MG	3,654	3,790	3.72%

Aspirin Chew Tab 81 MG	3,872	3,741	-3.38%
SINGULAIR TAB 10MG	3,803	3,698	-2.76%
TRAZODONE TAB 50MG	3,514	3,689	4.98%
OMEPRazole CAP 20MG	3,469	3,679	6.05%
CEPHALEXIN CAP 500MG	3,419	3,567	4.33%
FLUTICASONE SPR 50MCG	3,298	3,495	5.97%
VENTOLIN HFA AER	3,456	3,383	-2.11%
AZITHROMYCIN SUS 100/5ML	3,249	3,367	3.63%
CEFDINIR SUS 250/5ML	2,927	3,330	13.77%
CITALOPRAM TAB 20MG	3,191	3,298	3.35%
TRAZODONE TAB 100MG	3,177	3,259	2.58%
SINGULAIR CHW 5MG	3,319	3,207	-3.37%
SMZ/TMP DS TAB 800-160	2,953	2,974	0.71%
FOLIC ACID TAB 1MG	2,940	2,829	-3.78%
CONCERTA TAB 54MG	2,825	2,786	-1.38%
OXYCOD/APAP TAB 5-325MG	2,749	2,707	-1.53%
RISPERIDONE TAB 1MG	2,520	2,701	7.18%
ALPRAZOLAM TAB 0.25MG	2,779	2,700	-2.84%
VYVANSE CAP 30MG	2,581	2,658	2.98%
CITALOPRAM TAB 40MG	2,720	2,631	-3.27%
SERTRALINE TAB 50MG	2,655	2,626	-1.09%
CEFDINIR SUS 125/5ML	2,265	2,616	15.50%
GABAPENTIN CAP 300MG	2,555	2,580	0.98%
METFORMIN TAB 500MG	2,502	2,550	1.92%
PREDNISONE TAB 20MG	2,491	2,542	2.05%
ZOLPIDEM TAB 10MG	2,397	2,502	4.38%
SMZ-TMP SUS 200-40/5	2,454	2,426	-1.14%
NAPROXEN TAB 500MG	2,269	2,346	3.39%
CEPHALEXIN SUS 250/5ML	2,178	2,332	7.07%
SINGULAIR CHW 4MG	2,323	2,323	0.00%
RISPERIDONE TAB 0.5MG	2,233	2,289	2.51%
LANTUS INJ 100/ML	1,662	2,220	33.57%
HYDROCO/APAP TAB 7.5-500	2,296	2,162	-5.84%
Polyethylene Glycol 3350 Oral Powder	1,962	2,114	7.75%
APAP/CODEINE TAB 300-30MG	2,053	2,105	2.53%
AMOX/K CLAV TAB 875MG	1,890	2,104	11.32%
VYVANSE CAP 40MG	1,995	2,104	5.46%
SIMVASTATIN TAB 20MG	2,125	2,084	-1.93%

AMOX/K CLAV SUS 600/5ML	1,873	2,077	10.89%
HYDROCHLOROTAB 25MG	2,055	2,071	0.78%
VYVANSE CAP 50MG	1,919	2,064	7.56%
CYMBALTA CAP 60MG	2,047	2,053	0.29%
MUPIROCIN OIN 2%	1,838	2,048	11.43%
SIMVASTATIN TAB 40MG	2,183	2,047	-6.23%
LISINOPRIL TAB 10MG	2,061	2,032	-1.41%
Sennosides Tab 8.6 MG	2,067	1,993	-3.58%
VENLAFAXINE CAP 150MG ER	575	1,986	245.39%
HYDROCO/APAP TAB 10-325MG	2,069	1,982	-4.20%
METRONIDAZOL TAB 500MG	1,945	1,978	1.70%
ABILIFY TAB 5MG	1,920	1,968	2.50%
OMEPRazole CAP 40MG	1,755	1,947	10.94%
Aspirin Tab Delayed Release 325 MG	2,026	1,893	-6.56%
DIAZEPAM TAB 5MG	2,035	1,892	-7.03%
FLUCONAZOLE TAB 150MG	1,856	1,810	-2.48%
LISINOPRIL TAB 20MG	1,812	1,804	-0.44%
Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	1,811	1,795	-0.88%
METFORMIN TAB 1000MG	1,770	1,769	-0.06%
METHYLPHENID TAB 10MG	1,613	1,756	8.87%
IBUPROFEN SUS 100/5ML	1,474	1,697	15.13%
PROMETHAZINE TAB 25MG	1,748	1,695	-3.03%
CONCERTA TAB 27MG	1,669	1,693	1.44%
PRENATAL TAB PLUS	1,625	1,686	3.75%
MELOXICAM TAB 15MG	1,606	1,684	4.86%
BUPROPION HCL TAB 300MG XL	1,636	1,643	0.43%
TRIAMCINOLON CRE 0.1%	1,508	1,617	7.23%
VYVANSE CAP 20MG	1,473	1,604	8.89%

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	January/February 2012	March/April 2012	% CHANGE
Total Paid Amount	\$42,693,996	\$44,411,402	4.0%
Unique Users	165,598	164,680	-0.6%
Cost Per User	\$257.82	\$269.68	4.6%
Total Prescriptions	681,256.0	688,859.0	1.1%
Average Prescriptions Per User	4.11	4.18	1.7%
Average Cost Per Prescription	\$62.67	\$64.47	2.9%
# Generic Prescriptions	530,828	533,950	0.6%
% Generic	77.9%	77.5%	-0.5%
\$ Generic	\$6,326,236	\$6,307,003	-0.3%
Average Generic Prescription Cost	\$11.92	\$11.81	-0.9%
Average Days Supply	21	21	0.0%
# Brand Prescriptions	150,428	154,909	3.0%
% Brand	22.1%	22.5%	1.9%
\$ Brand	\$36,367,760	\$38,104,399	4.8%
Average Brand Prescription Cost	\$241.76	\$245.98	1.7%
Average Days Supply	26	26	0.0%

Utilization by Age

Age	January/February 2012	March/April 2012
0-6	39,655	37,718
7-12	26,820	27,076
13-18	23,007	23,424
19-64	64,173	64,801
65+	11,943	11,661
	165,598	164,680

Utilization by Gender and Age

Gender	Age	January/February 2012	March/April 2012
F			
	0-6	18,703	17,768
	7-12	11,880	11,849
	13-18	11,669	11,986
	19-64	45,265	45,839
	65+	8,908	8,678
		96,425	96,120
M			
	0-6	20,952	19,950
	7-12	14,940	15,227
	13-18	11,338	11,438
	19-64	18,908	18,962
	65+	3,035	2,983
		69,173	68,560

Top 100 Pharmacies by Prescription Count

March/April 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #04405	COUNCIL BLUFFS	IA	8,955	\$540,156.10	1
2	WALGREEN #05239	DAVENPORT	IA	8,900	\$463,641.00	2
3	WALGREEN #05721	DES MOINES	IA	8,229	\$410,230.22	3
4	MARTIN HEALTH SERVICES INC	DENVER	IA	6,824	\$164,136.59	4
5	WALGREEN #359	DES MOINES	IA	6,094	\$336,367.28	7
6	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	6,004	\$256,791.00	6
7	WALGREEN COMPANY 07455	WATERLOO	IA	5,650	\$232,249.38	8
8	WALGREEN #910	SIOUX CITY	IA	5,582	\$314,264.60	5
9	WALGREENS #07453	DES MOINES	IA	5,372	\$280,012.41	9
10	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,251	\$272,060.13	11
11	WALGREEN #05362	DES MOINES	IA	5,206	\$267,468.09	10
12	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,174	\$243,883.26	12
13	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,696	\$278,078.86	14
14	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,614	\$150,944.93	13
15	WALGREEN #05852	DES MOINES	IA	3,850	\$179,402.47	18
16	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,763	\$245,260.20	17
17	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,753	\$203,749.98	22
18	WALGREEN COMPANY 05777	DES MOINES	IA	3,678	\$168,030.02	21
19	WALGREEN #04041	DAVENPORT	IA	3,636	\$188,397.24	19
20	WALGREEN #11709	DAVENPORT	IA	3,583	\$181,196.12	23
21	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,533	\$133,853.05	26
22	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,529	\$226,251.63	16
23	RASHID PHARMACY PLC	FORT MADISON	IA	3,412	\$197,194.30	20
24	WALGREEN #03595	DAVENPORT	IA	3,265	\$171,325.29	28
25	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,257	\$195,763.14	25
26	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	3,238	\$154,640.96	15
27	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,234	\$192,491.49	27
28	MAHASKA DRUG INC	OSKALOOSA	IA	3,219	\$186,724.56	24
29	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	3,093	\$168,089.69	33
30	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,066	\$180,668.10	30
31	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,050	\$144,046.00	31
32	WALGREENS #05119	CLINTON	IA	2,995	\$153,141.58	34
33	WALGREEN #05044	BURLINGTON	IA	2,965	\$129,084.89	29
34	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,860	\$162,232.50	35
35	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,837	\$206,993.85	36
36	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,820	\$109,839.37	40
37	WALGREEN #7452	DES MOINES	IA	2,774	\$145,403.97	37

38	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,679	\$208,027.81	32
39	WALGREENS #10855	WATERLOO	IA	2,679	\$120,672.76	43
40	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,668	\$155,392.48	42
41	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,629	\$133,830.13	38
42	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,614	\$143,506.79	39
43	MERCY CAREMOR	DUBUQUE	IA	2,582	\$103,465.87	41
44	WALGREENS #09476	BURLINGTON	IA	2,484	\$134,867.70	48
45	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,457	\$126,384.98	46
46	WALGREEN #05361	FORT DODGE	IA	2,450	\$137,947.86	44
47	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,346	\$193,286.10	45
48	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,316	\$99,977.25	52
49	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,309	\$117,608.58	47
50	WALGREEN #05886	KEOKUK	IA	2,271	\$106,295.41	53
51	WALGREENS 07968	DES MOINES	IA	2,220	\$110,327.10	50
52	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,146	\$127,291.14	54
53	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,139	\$104,901.56	55
54	WALGREENS #11942	DUBUQUE	IA	2,123	\$117,107.07	62
55	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,120	\$177,224.61	63
56	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,115	\$101,621.59	66
57	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,112	\$130,404.95	59
58	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,108	\$129,489.59	56
59	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,105	\$129,730.83	58
60	WALGREEN #03196	MARSHALLTOWN	IA	2,102	\$118,267.27	57
61	DANIEL PHARMACY INC	FORT DODGE	IA	2,084	\$103,941.96	51
62	WALGREEN #4714	DES MOINES	IA	2,077	\$107,029.26	67
63	WALGREEN #05077	IOWA CITY	IA	2,073	\$96,730.00	74
64	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	2,061	\$106,689.12	61
65	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,060	\$94,766.99	68
66	WALGREEN #09708	DUBUQUE	IA	2,039	\$94,891.16	64
67	MERWIN LTC PHARMACY	ANKENY	IA	2,038	\$114,815.80	77
68	LA GRANGE PHARMACY INC	VINTON	IA	2,031	\$125,773.76	60
69	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,993	\$102,978.59	75
70	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	1,972	\$85,875.74	71
71	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,934	\$115,079.28	72
72	SCOTT PHARMACY INC	FAYETTE	IA	1,913	\$106,305.10	69
73	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,912	\$190,906.45	79
74	WAGNER PHARMACY	CLINTON	IA	1,881	\$116,856.87	73
75	HY-VEE PHARMACY (1522)	PERRY	IA	1,880	\$96,150.22	49
76	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,879	\$91,912.64	76
77	HY-VEE PHARMACY 1071	CLARINDA	IA	1,868	\$90,582.19	78
78	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,861	\$153,678.27	84
79	WALGREEN COMPANY #05941	MASON CITY	IA	1,850	\$100,464.75	86
80	REDLERS LONG TERM CARE PHARMACY	DAKOTA DUNES	SD	1,847	\$77,620.10	101
81	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,845	\$108,502.91	83

82	WALGREENS #05977	CORALVILLE	IA	1,829	\$100,477.76	80
83	RELIANT LONG TERM CARE	WASHINGTON	IA	1,819	\$24,178.55	116
84	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,789	\$106,763.11	90
85	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,783	\$97,806.07	85
86	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,781	\$92,312.38	65
87	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,775	\$97,482.25	89
88	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	1,767	\$84,638.35	100
89	HY VEE PHARMACY #1449	NEWTON	IA	1,766	\$98,317.46	82
90	WALGREEN #05942	NEWTON	IA	1,758	\$90,282.74	94
91	WALGREENS #03876	MARION	IA	1,755	\$84,592.61	91
92	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,729	\$101,545.09	92
93	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,728	\$85,205.64	99
94	HY-VEE PHARMACY (1075)	CLINTON	IA	1,723	\$114,988.86	87
95	HAMMER PHARMACY	DES MOINES	IA	1,686	\$145,711.90	104
96	HY-VEE PHARMACY (1065)	CHARITON	IA	1,685	\$90,764.99	81
97	FIFIELD PHARMACY	DES MOINES	IA	1,684	\$90,140.15	95
98	STANGEL PHARMACY	ONAWA	IA	1,681	\$97,746.95	96
99	HY-VEE PHARMACY (1850)	WASHINGTON	IA	1,656	\$91,179.50	93
100	WALGREEN COMPANY DBA	OTTUMWA	IA	1,653	\$109,063.39	114

Top 100 Pharmacies by Paid Amount

March/April 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	39	\$857,312.06	2
2	ARJ INFUSION SERVICES INC	LENEXA	KS	6	\$719,082.80	11
3	WALGREEN #04405	COUNCIL BLUFFS	IA	8,955	\$540,156.10	3
4	INTRUST DBA	URBANDALE	IA	293	\$496,059.52	1
5	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	201	\$477,780.17	5
6	WALGREEN #05239	DAVENPORT	IA	8,900	\$463,641.00	4
7	WALGREEN #05721	DES MOINES	IA	8,229	\$410,230.22	6
8	CURASCRIP PHARMACY INC	ORLANDO	FL	34	\$337,543.59	13
9	WALGREEN #359	DES MOINES	IA	6,094	\$336,367.28	9
10	WALGREEN #910	SIOUX CITY	IA	5,582	\$314,264.60	10
11	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	70	\$304,111.79	7
12	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	16	\$299,507.01	37
13	WALGREENS #07453	DES MOINES	IA	5,372	\$280,012.41	12
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,696	\$278,078.86	14
15	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,251	\$272,060.13	15
16	WALGREEN #05362	DES MOINES	IA	5,206	\$267,468.09	19
17	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	6,004	\$256,791.00	22
18	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,763	\$245,260.20	21
19	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,174	\$243,883.26	16
20	UNIV OF IOWA COMMUNITY HOMECARE	IOWA CITY	IA	280	\$240,039.29	8
21	WALGREEN COMPANY 07455	WATERLOO	IA	5,650	\$232,249.38	17
22	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,529	\$226,251.63	18
23	WALGREENS INFUSION SERVICES	OMAHA	NE	64	\$223,742.66	38
24	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,679	\$208,027.81	31
25	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,837	\$206,993.85	29
26	ACCREDITO HEALTH GROUP INC	WARRENDAL	PA	30	\$206,717.37	30
27	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,753	\$203,749.98	36
28	MEDFUSION RX LLC	FRANKLIN	TN	71	\$198,150.98	24
29	RASHID PHARMACY PLC	FORT MADISON	IA	3,412	\$197,194.30	26
30	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,257	\$195,763.14	33
31	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	1,044	\$194,902.75	27

32	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,346	\$193,286.10	25
33	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,234	\$192,491.49	40
34	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,912	\$190,906.45	43
35	WALGREEN #04041	DAVENPORT	IA	3,636	\$188,397.24	42
36	MAHASKA DRUG INC	OSKALOOSA	IA	3,219	\$186,724.56	45
37	WALGREEN #11709	DAVENPORT	IA	3,583	\$181,196.12	35
38	CAREPRO HOME INFUSION	CEDAR RAPIDS	IA	185	\$180,704.42	20
39	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,066	\$180,668.10	39
40	WALGREEN #05852	DES MOINES	IA	3,850	\$179,402.47	34
41	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,120	\$177,224.61	46
42	US BIOSERVICE CORPORATION	FRISCO	TX	60	\$174,018.87	28
43	WALGREEN #03595	DAVENPORT	IA	3,265	\$171,325.29	48
44	LUTZ LONG TERM CARE PHARMACY	ALTOONA	IA	3,093	\$168,089.69	49
45	WALGREEN COMPANY 05777	DES MOINES	IA	3,678	\$168,030.02	44
46	MARTIN HEALTH SERVICES INC	DENVER	IA	6,824	\$164,136.59	32
47	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,860	\$162,232.50	50
48	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,668	\$155,392.48	55
49	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	3,238	\$154,640.96	41
50	HY-VEE PHARMACY 1382	LE MARS	IA	1,585	\$154,576.95	52
51	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,861	\$153,678.27	59
52	WALGREENS #05119	CLINTON	IA	2,995	\$153,141.58	57
53	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,614	\$150,944.93	54
54	HAMMER PHARMACY	DES MOINES	IA	1,686	\$145,711.90	51
55	WALGREEN #7452	DES MOINES	IA	2,774	\$145,403.97	61
56	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,050	\$144,046.00	60
57	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,614	\$143,506.79	47
58	WALGREEN #05361	FORT DODGE	IA	2,450	\$137,947.86	63
59	WALGREENS #09476	BURLINGTON	IA	2,484	\$134,867.70	65
60	GREENWOOD DRUG INC	WATERLOO	IA	1,553	\$133,871.04	67
61	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,533	\$133,853.05	88
62	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,629	\$133,830.13	58
63	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,112	\$130,404.95	71
64	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,105	\$129,730.83	66
65	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,108	\$129,489.59	62
66	WALGREEN #05044	BURLINGTON	IA	2,965	\$129,084.89	64
67	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	49	\$128,093.81	53
68	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,146	\$127,291.14	77

69	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,457	\$126,384.98	56
70	LA GRANGE PHARMACY INC	VINTON	IA	2,031	\$125,773.76	76
71	WALGREENS 11153	SPENCER	IA	1,552	\$123,953.98	87
72	ORSINI PHARMACEUTICAL SERVICES I	ELK GROVE VILLAGE	IL	16	\$122,175.79	713
73	WALGREENS #10855	WATERLOO	IA	2,679	\$120,672.76	78
74	WALGREEN #03196	MARSHALLTOWN	IA	2,102	\$118,267.27	75
75	MERCY SPECIALTY CARE PHARMACY	DES MOINES	IA	353	\$117,820.47	23
76	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,573	\$117,635.50	72
77	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,309	\$117,608.58	70
78	WALGREENS #11942	DUBUQUE	IA	2,123	\$117,107.07	82
79	WAGNER PHARMACY	CLINTON	IA	1,881	\$116,856.87	74
80	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	1,536	\$116,451.64	69
81	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	27	\$115,289.88	168
82	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,934	\$115,079.28	93
83	HY-VEE PHARMACY (1075)	CLINTON	IA	1,723	\$114,988.86	80
84	MERWIN LTC PHARMACY	ANKENY	IA	2,038	\$114,815.80	84
85	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,548	\$114,169.32	102
86	HY VEE DRUGSTORE 7007-039	AMES	IA	1,385	\$111,334.88	85
87	WALGREENS 07968	DES MOINES	IA	2,220	\$110,327.10	79
88	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,820	\$109,839.37	110
89	WALGREEN COMPANY DBA	OTTUMWA	IA	1,653	\$109,063.39	96
90	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,507	\$108,672.53	97
91	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,845	\$108,502.91	100
92	WALGREEN #07454	ANKENY	IA	1,561	\$107,619.41	86
93	WALGREEN #4714	DES MOINES	IA	2,077	\$107,029.26	83
94	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,789	\$106,763.11	94
95	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	2,061	\$106,689.12	81
96	SCOTT PHARMACY INC	FAYETTE	IA	1,913	\$106,305.10	98
97	WALGREEN #05886	KEOKUK	IA	2,271	\$106,295.41	111
98	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,139	\$104,901.56	90
99	ATLANTIC MEDICAL CTR PHARM	ATLANTIC	IA	1,264	\$104,130.10	99
100	DANIEL PHARMACY INC	FORT DODGE	IA	2,084	\$103,941.96	68

Top 100 Prescribing Providers by Prescription Count

March/April 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA ALI HAMDAN MD	\$226,202.38	2,094	2
2	SARAH A JUSTMANN ARNP	\$172,124.81	1,871	3
3	LARRY RICHARDS DO	\$188,044.93	1,832	1
4	MARVIN F PIBURN JR, MD	\$144,977.81	1,775	5
5	ROY W OVERTON III DO	\$55,759.95	1,706	4
6	BOBBITA NAG	\$157,079.90	1,643	7
7	QAZI UMAR JAVED MD	\$156,530.39	1,585	10
8	KENT ELDON KUNZE MD	\$168,636.21	1,485	6
9	J PATRICK BERTROCHE DO	\$177,764.06	1,437	9
10	KEVIN JOHN TOOK MD	\$190,161.82	1,361	11
11	KATHLEEN L WILD ARNP	\$135,651.98	1,339	12
12	JEFFREY D WILHARM MD	\$104,246.96	1,285	17
13	RAJNI BATRA MD	\$55,385.67	1,272	18
14	BRYANT MUTCHLER DO	\$44,386.55	1,240	13
15	SRIRAMAMURTHY RAVIPATI MD	\$145,660.01	1,218	22
16	E RICHARD NIGHTINGALE III MD	\$135,734.55	1,198	8
17	DENNIS S JONES MD	\$80,148.42	1,187	23
18	CAROL D AUNAN ARNP	\$115,425.56	1,180	14
19	RAY C STURDEVANT MD	\$120,879.33	1,173	19
20	RONALD W BRINK MD	\$133,363.67	1,114	21
21	RANALL KAVALIER DO	\$124,576.38	1,082	20
22	HIEDI STJARNA LANE ARNP	\$129,150.90	1,073	16
23	DAVID V GIERLUS DO	\$49,871.23	1,067	26
24	KATHRYN PAVELKO PA	\$27,278.28	1,057	44
25	MARTIN J FIALKOV MD	\$104,401.73	1,043	43
26	CAROL SCHMIDT ARNP	\$48,550.68	1,034	15
27	MONTE BERNHAGEN MD	\$120,215.35	1,026	35
28	WILLIAM MYRON NISSEN MD	\$86,026.13	1,012	32
29	KIMBERLY A THOMPSON DO	\$39,472.29	1,011	27
30	ALLYSON L WHEATON MD	\$114,684.36	992	28
31	TODD KENT POGUE DO	\$81,945.35	992	24
32	CYD Q. GRAFFT	\$86,219.62	981	29

33	REBECCA J WOLFE	\$71,850.40	975	40
34	RAHUL BANSAL MD	\$83,097.35	972	79
35	CHRISTOPHER GENE OKIISHI MD	\$80,710.90	964	55
36	ANNE LASH ARNP	\$108,987.81	954	42
37	ALI SAFDAR MD	\$101,918.88	944	25
38	JOADA BEST ARNP	\$99,616.84	943	36
39	DAVID M CRAVEN MD	\$47,508.99	923	46
40	PAUL DENNIS PETERSON DO	\$50,896.50	920	38
41	KATHLEEN S ADAMS ARNP	\$131,116.76	911	31
42	FREDERICK C ALDRICH MD	\$25,993.79	903	61
43	RANDY R ROBINSON MD	\$41,802.30	885	51
44	SHAWN DENNIS JONES MD	\$65,572.78	876	34
45	ODUAH DANIEL OSARO MD	\$89,162.76	869	45
46	JOHN FRANKLIN STECKER III MD	\$102,680.33	855	33
47	PETER JOSEPH SZEIBEL MD	\$87,893.29	853	50
48	BJIRO VIVIAN AGBORO-IDAHOA MD	\$82,911.96	851	53
49	FRANK L BABCOCK, MD	\$76,786.08	842	52
50	JAFFAR ALI SHAIKH MD	\$54,707.46	834	89
52	THOMAS C PIEKENBROCK MD	\$56,572.32	831	37
51	KRISHNA POOJAPPA MURTHY MD	\$87,543.44	831	30
53	KAREN ANNE MELLODY ARNP	\$39,745.82	831	70
54	THOMAS SCOTT HOPKINS DO	\$81,708.43	829	41
55	WILLI MARTENS MD	\$37,772.84	817	73
56	JAMES BROOKS MD	\$110,439.16	815	57
57	RICHARD J KOZENY	\$37,536.21	812	59
58	SHARON DUCLOS	\$37,825.89	801	66
59	DENNIS G MILLER DO	\$35,374.49	799	143
60	ALBERT OKINE PAC	\$104,392.44	797	65
61	RONALD WILLIAM GRAEFF MD	\$60,315.98	787	63
62	DAVID M CRIPPIN MD	\$35,773.03	783	49
63	LAURA M VAN CLEVE DO	\$72,664.01	779	48
64	CARLA K ABEL-ZIEG ARNP	\$84,230.21	747	68
65	LEANNE MOREY PAC	\$96,013.89	745	80
66	CHRISTEL L SEEMANN DO	\$27,228.33	744	87
67	KEVIN WILLIAM BLECHLE DO	\$21,313.73	742	78
68	DAVID WENGER-KELLER MD	\$38,668.33	738	83

69	ROBERT D CONNER JR DO	\$16,489.01	735	75
70	SARAH L BEATTIE	\$79,765.68	733	67
71	DEBRA ANN STUDER DO	\$12,876.99	732	72
72	TIMOTHY W SWINTON MD	\$30,448.96	726	81
73	CHRISTIAN W JONES MD	\$33,813.31	719	47
74	MARY C SEGRETO DO	\$98,241.90	717	64
75	JON S AHRENDSEN MD	\$59,113.56	717	82
76	LISA JAYNE MENZIES MD	\$169,811.84	715	69
77	WILLIAM EARL HOWARD DO	\$90,337.63	712	58
78	DUSTIN RALPH SMITH MD	\$39,542.28	710	71
79	ADIB KASSAS MD	\$52,537.75	706	54
80	CRAIG N SEAMANDS MD	\$63,885.95	706	101
82	WILSON L DAVIS MD	\$29,075.20	705	93
81	BRIAN PATRICK LAHEY	\$106,379.56	705	88
83	STEFANIE RENEE YEARIAN ARNP	\$69,410.59	699	94
84	CARL A AAGESEN DO	\$103,134.06	698	96
85	STEVEN G PAULSRUD DO	\$39,583.01	693	112
86	ERIN VOYLES HATCHER	\$93,154.73	685	77
87	ISAM ELIAS MARAR MD	\$39,904.24	682	56
88	JIMMY RAE MASCARO DO	\$85,977.45	681	116
89	MARY W NIXON ARNP	\$71,230.96	674	102
90	ALAN CHRISTOPHER WHITTERS MD	\$76,932.23	666	95
91	DOUGLAS HOWARD JONES MD	\$78,772.21	662	92
92	DANIEL JOSEPH ARNOLD DO	\$25,829.27	661	86
93	KEVIN NEIL SHEPPARD MD	\$42,915.54	655	115
94	KIRAN BHASKAR KHANOLKAR MD	\$26,556.95	651	60
95	MAEN M HADDADIN MD	\$30,180.16	647	39
96	JERRY WILLE MD	\$26,633.73	645	117
97	JOELLEN HEIMS DO	\$22,945.97	645	133
98	ROBERT MARVIN KENT MD	\$26,804.05	643	100
99	DAVID RAY BRIETKREUZ MD	\$23,706.88	642	125
100	JOHN D BIRKETT MD	\$24,871.48	641	84

Top 100 Prescribing Providers by Paid Amount

March/April 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	JANICE MARIE ROSE STABER MD	\$995,384.83	59	1
2	ROLLA F ABU-ARJA MD	\$673,142.52	7	7,748
3	GHADA ALI HAMDAN MD	\$226,202.38	2,094	2
4	STEVEN LENTZ MD	\$202,173.85	12	11
5	KEVIN JOHN TOOK MD	\$190,161.82	1,361	6
6	LARRY RICHARDS DO	\$188,044.93	1,832	3
7	J PATRICK BERTROCHE DO	\$177,764.06	1,437	7
8	SARAH A JUSTMANN ARNP	\$172,124.81	1,871	8
9	LISA JAYNE MENZIES MD	\$169,811.84	715	101
10	KENT ELDON KUNZE MD	\$168,636.21	1,485	5
11	BOBBITA NAG	\$157,079.90	1,643	13
12	QAZI UMAR JAVED MD	\$156,530.39	1,585	21
13	MARIA J STEELE ARNP	\$154,581.89	123	4
14	SRIRAMAMURTHY RAVIPATI MD	\$145,660.01	1,218	24
15	MARVIN F PIBURN JR, MD	\$144,977.81	1,775	23
16	E RICHARD NIGHTINGALE III MD	\$135,734.55	1,198	12
17	KATHLEEN L WILD ARNP	\$135,651.98	1,339	18
18	RONALD W BRINK MD	\$133,363.67	1,114	17
19	KATHLEEN S ADAMS ARNP	\$131,116.76	911	20
20	HIEDI STJARNA LANE ARNP	\$129,150.90	1,073	14
21	JENNIFER S COOK MD	\$125,700.76	458	16
22	RANDALL KAVALIER DO	\$124,576.38	1,082	15
23	VILMARIE RODRIGUEZ-PADUA MD	\$124,165.05	9	41
24	CHARUTA NARAYAN JOSHI MD	\$121,372.11	260	153
25	RAY C STURDEVANT MD	\$120,879.33	1,173	31
26	MONTA BERNHAGEN MD	\$120,215.35	1,026	30
27	STEVEN P JOYCE MD	\$118,762.28	340	25
28	DAVID JOSEPH GNARRA MD	\$118,099.32	26	72
29	LIEM-SOM OEI MD	\$117,972.55	86	2,036
30	DAVID YURDIN PA	\$115,613.89	498	32
31	CAROL D AUNAN ARNP	\$115,425.56	1,180	19
32	ALLYSON L WHEATON MD	\$114,684.36	992	34
33	JAMES BROOKS MD	\$110,439.16	815	28
34	BRUCE L HUGHES MD	\$110,391.03	111	47
35	ANNE LASH ARNP	\$108,987.81	954	35

36	BRIAN PATRICK LAHEY	\$106,379.56	705	40
37	MARTIN J FIALKOV MD	\$104,401.73	1,043	59
38	ALBERT OKINE PAC	\$104,392.44	797	39
39	JEFFREY D WILHARM MD	\$104,246.96	1,285	42
40	CARL A AAGESEN DO	\$103,134.06	698	43
41	JOHN FRANKLIN STECKER III MD	\$102,680.33	855	27
42	LIUSKA MARIA PESCE	\$102,628.68	216	51
43	ALI SAFDAR MD	\$101,918.88	944	26
44	JOADA BEST ARNP	\$99,616.84	943	36
45	JULIE K OSTERHAUS ARNP	\$98,489.80	264	38
46	MARY C SEGRETO DO	\$98,241.90	717	33
47	EVA TSALIKIAN MD	\$97,185.90	138	44
48	LEANNE MOREY PAC	\$96,013.89	745	48
49	ERIN VOYLES HATCHER	\$93,154.73	685	45
50	MARC C PATTERSON MD	\$93,107.31	54	69
51	WILLIAM EARL HOWARD DO	\$90,337.63	712	9
52	ODUAH DANIEL OSARO MD	\$89,162.76	869	55
53	PETER JOSEPH SZEIBEL MD	\$87,893.29	853	53
54	KRISHNA POOJAPPA MURTHY MD	\$87,543.44	831	37
55	JUDITH A MILLER ARNP	\$87,410.70	17	113
56	CYD Q. GRAFFT	\$86,219.62	981	62
57	WILLIAM MYRON NISSEN MD	\$86,026.13	1,012	60
58	JIMMY RAE MASCARO DO	\$85,977.45	681	58
59	CARLA K ABEL-ZIEG ARNP	\$84,230.21	747	61
60	MOHAMED A RADHI MD	\$83,472.20	4	160
61	RAHUL BANSAL MD	\$83,097.35	972	104
62	BJIRO VIVIAN AGBORO-IDAHOA MD	\$82,911.96	851	65
63	TODD KENT POGUE DO	\$81,945.35	992	56
64	THOMAS SCOTT HOPKINS DO	\$81,708.43	829	50
65	CHRISTOPHER GENE OKIISHI MD	\$80,710.90	964	85
66	KATHRYN CAROLE BREITBACH ARNP	\$80,531.46	63	22
67	DENNIS S JONES MD	\$80,148.42	1,187	70
68	SARAH L BEATTIE	\$79,765.68	733	66
69	DOUGLAS HOWARD JONES MD	\$78,772.21	662	71
70	DEANNA BOOK BOESEN MD	\$78,765.93	630	67
71	LAURIE WARREN	\$78,701.03	594	77
72	MICHAEL LEE EGGER MD	\$77,717.42	622	49
73	ALAN CHRISTOPHER WHITTERS MD	\$76,932.23	666	64
74	FRANK L BABCOCK, MD	\$76,786.08	842	73
75	RICARDO RENE FLORES MD	\$76,321.54	183	52

76	MARK WILLIAM MITTAUER MD	\$76,214.32	617	79
77	ANTHONY G ZAMUDIO ARNP	\$74,831.08	509	76
78	RODNEY DEAN MD	\$73,374.37	625	74
79	LAURA M VAN CLEVE DO	\$72,664.01	779	68
80	DIANE LYNN EASTMAN ARNP	\$72,173.21	64	29
81	REBECCA J WOLFE	\$71,850.40	975	89
82	MARY W NIXON ARNP	\$71,230.96	674	88
83	IVAN DELGADO-RAMOS MD	\$71,230.53	402	82
84	SHERRY DIANNE DEKEYSER MD	\$71,160.50	530	57
85	BRAHMANANDA PRASADARAO MAKKAPATI	\$71,117.48	526	87
86	REBECCA E WALDING ARNP	\$70,350.17	631	216
87	STEFANIE RENEE YEARIAN ARNP	\$69,410.59	699	96
88	MATT D EGGERS MD	\$69,381.41	569	81
89	SHAWN DENNIS JONES MD	\$65,572.78	876	92
90	EDWARD G NASSIF MD	\$65,175.48	582	100
91	RICHARD PAUL VOTTA MD	\$64,268.22	500	75
92	DAVID LESLIE FRIEDGOOD DO	\$64,162.22	184	106
93	CRAIG N SEAMANDS MD	\$63,885.95	706	91
94	LOUIS PASQUALE GERBINO MD	\$62,971.11	594	86
95	MARILYN A PAPLOW ARNP	\$62,888.20	501	118
96	SHARON ECKHART ARNP	\$62,684.79	517	93
97	DUANGCHAI NARAWONG MD	\$62,304.48	572	10
98	LEENU MISHRA MD	\$61,720.65	553	122
99	DAVID B MOORE, M.D.	\$61,203.83	252	114
100	FARRAH MARIE HASSEBROEK	\$60,819.81	432	115

Top 20 Therapeutic Class by Paid Amount

Category Description	January/February 2012	Rank	% Budget	March/April 2012	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$7,943,044	1	18.6%	\$8,070,159	1	18.2%	1.6%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,859,553	2	6.7%	\$2,949,078	2	6.6%	3.1%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,252,164	3	5.3%	\$2,406,581	3	5.4%	6.9%
ANTIHEMOPHILIC AGENTS	\$1,315,166	8	3.1%	\$2,321,823	4	5.2%	76.5%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,722,585	6	4.0%	\$1,793,074	5	4.0%	4.1%
ANTICONVULSANTS	\$1,733,712	5	4.1%	\$1,778,960	6	4.0%	2.6%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	\$1,523,489	7	3.6%	\$1,761,983	7	4.0%	15.7%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,073,228	9	2.5%	\$1,135,041	8	2.6%	5.8%
RSV PROPHYLAXIS	\$1,833,167	4	4.3%	\$1,126,176	9	2.5%	-38.6%
DIABETIC - INSULIN	\$1,038,437	10	2.4%	\$1,058,049	10	2.4%	1.9%
STIMULANTS - METHYLPHENIDATE	\$951,251	11	2.2%	\$998,316	11	2.2%	4.9%
ANTIASTHMATIC - BETA - ADRENERGICS	\$823,226	12	1.9%	\$847,601	12	1.9%	3.0%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$731,192	13	1.7%	\$762,353	13	1.7%	4.3%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$708,294	15	1.7%	\$736,437	14	1.7%	4.0%
ANTIASTHMATIC - STEROID INHALANTS	\$728,329	14	1.7%	\$724,204	15	1.6%	-0.6%
MULTIPLE SCLEROSIS AGENTS	\$578,767	16	1.4%	\$635,057	16	1.4%	9.7%
GROWTH HORMONE	\$515,378	18	1.2%	\$538,921	17	1.2%	4.6%
NARCOTICS - MISC.	\$421,349	19	1.0%	\$425,460	18	1.0%	1.0%
NARCOTICS-LONG ACTING	\$389,283	22	0.9%	\$385,090	19	0.9%	-1.1%
HEPATITIS C AGENTS	\$537,051	17	1.3%	\$379,696	20	0.9%	-29.3%

Top 20 Therapeutic Class by Prescription Count

Category Description	January/February 2012	Prev Rank	March/April 2012	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	52,708	1	53,149	1	0.84%
ANTICONVULSANTS	33,989	2	34,804	2	2.40%
NARCOTICS - MISC.	30,085	4	31,199	3	3.70%
ANXIOLYTICS - BENZODIAZEPINES	29,916	5	30,559	4	2.15%
BETA-LACTAMS / CLAVULANATE COMBO'S	31,270	3	26,847	5	-14.14%
ANTIPSYCHOTICS - ATYPICALS	24,791	6	24,955	6	0.66%
ANALGESICS - MISC.	24,058	7	24,024	7	-0.14%
ANTIASTHMATIC - BETA - ADRENERGICS	22,302	8	21,514	8	-3.53%
ANTIHISTAMINES - NON-SEDATING	16,206	11	20,638	9	27.35%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	21,618	9	18,523	10	-14.32%
STIMULANTS - AMPHETAMINES - LONG ACTING	16,367	10	16,948	11	3.55%
CEPHALOSPORINS	15,351	12	14,079	12	-8.29%
ANTIHYPERTENSIVES - CENTRAL	13,236	13	13,704	13	3.54%
NSAIDS	12,272	14	12,690	14	3.41%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	11,944	15	12,219	15	2.30%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	11,712	16	11,452	16	-2.22%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	9,598	20	10,909	17	13.66%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,632	17	10,818	18	1.75%
GI - H2-ANTAGONISTS	10,207	18	10,331	19	1.21%
STIMULANTS - METHYLPHENIDATE	9,807	19	10,246	20	4.48%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount January/February 2012	Paid Amount March/April 2012	Percent Change
ABILIFY	\$3,108,093.61	\$3,216,415.26	3.49%
CONCERTA	\$2,000,894.67	\$2,158,699.88	7.89%
SEROQUEL	\$2,118,469.10	\$2,126,570.96	0.38%
SINGULAIR	\$1,522,011.93	\$1,761,011.12	15.70%
VYVANSE	\$1,608,903.99	\$1,734,657.61	7.82%
ADVATE	\$653,502.35	\$1,159,749.15	77.47%
SYNAGIS	\$1,833,166.72	\$1,126,176.37	-38.57%
ADDERALL XR	\$1,117,180.90	\$1,079,798.03	-3.35%
ZYPREXA	\$949,052.67	\$968,098.79	2.01%
FOCALIN XR	\$780,739.33	\$826,346.86	5.84%
LEXAPRO	\$609,318.13	\$639,003.62	4.87%
GEODON	\$655,682.40	\$636,185.01	-2.97%
ADVAIR DISKUS	\$581,640.79	\$618,195.62	6.28%
CYMBALTA	\$585,904.80	\$607,000.86	3.60%
STRATTERA	\$524,605.73	\$536,356.24	2.24%
LANTUS	\$467,606.06	\$495,349.41	5.93%
BENEFIX	\$92,548.18	\$428,517.55	363.02%
PROAIR HFA	\$378,101.83	\$410,466.57	8.56%
LIPITOR	\$382,948.14	\$395,383.80	3.25%
PULMICORT	\$367,527.64	\$324,012.68	-11.84%
SPIRIVA HANDIHALER	\$293,469.62	\$297,616.92	1.41%
AZITHROMYCIN	\$333,134.60	\$279,069.20	-16.23%
RISPERDAL CONSTA	\$290,066.35	\$278,053.71	-4.14%
NOVOLOG	\$285,540.30	\$274,623.56	-3.82%
COPAXONE	\$230,291.80	\$261,765.44	13.67%
PLAVIX	\$241,771.49	\$244,182.06	1.00%
VALTREX	\$243,359.31	\$240,500.43	-1.17%
GENOTROPIN	\$216,417.02	\$237,147.44	9.58%
NOVOSEVEN RT	\$80.00	\$232,413.02	290,416.28%
CEFDINIR	\$270,357.14	\$227,958.52	-15.68%
NASONEX	\$158,949.34	\$217,326.73	36.73%
COMBIVENT	\$204,471.62	\$210,485.02	2.94%
CRESTOR	\$192,401.04	\$207,696.48	7.95%
TRICOR	\$192,913.68	\$199,619.06	3.48%
ACTHAR HP	\$113,391.02	\$198,424.52	74.99%
AMPHETAMINE/DEXTROAMPHETA	\$191,495.72	\$198,091.03	3.44%

LOVENOX	\$206,691.98	\$195,968.53	-5.19%
INVEGA	\$177,441.58	\$194,151.03	9.42%
HYDROCODONE/ACETAMINOPHEN	\$180,955.69	\$192,627.58	6.45%
ACTOS	\$202,717.41	\$189,704.52	-6.42%
FLOVENT HFA	\$164,937.00	\$185,515.84	12.48%
INCIVEK	\$306,230.15	\$180,858.55	-40.94%
SYMBICORT	\$168,142.85	\$176,578.31	5.02%
INVEGA SUSTENNA	\$167,005.28	\$170,420.30	2.04%
HUMALOG	\$148,656.70	\$162,516.19	9.32%
VENTOLIN HFA	\$145,276.60	\$154,460.34	6.32%
OXYCONTIN	\$128,322.40	\$147,298.14	14.79%
AMOXICILLIN	\$174,288.18	\$146,679.15	-15.84%
DEXILANT	\$131,774.30	\$146,125.06	10.89%
TOPAMAX	\$142,677.55	\$142,850.65	0.12%
VESICARE	\$128,124.20	\$141,096.73	10.12%
QVAR	\$117,644.75	\$137,445.99	16.83%
PROVIGIL	\$111,629.34	\$125,380.70	12.32%
TAMIFLU	\$65,986.79	\$123,482.85	87.13%
DEXEDRINE	\$117,743.00	\$122,849.80	4.34%
NAGLAZYME	\$6,657.62	\$122,105.19	1,734.07%
ENBREL	\$92,843.85	\$121,888.75	31.28%
SEROQUEL XR	\$123,322.08	\$119,363.38	-3.21%
HUMIRA PEN	\$107,986.22	\$118,528.89	9.76%
RISPERIDONE	\$115,220.16	\$117,540.62	2.01%
KEPPRA	\$119,921.62	\$115,984.06	-3.28%
HELIXATE FS	\$59,357.97	\$115,284.35	94.22%
GAMUNEX-C	\$113,635.25	\$115,200.21	1.38%
ENBREL SURECLICK	\$123,455.70	\$114,910.63	-6.92%
GENOTROPIN MINIQUICK	\$114,425.48	\$114,558.02	0.12%
GABAPENTIN	\$113,800.65	\$114,524.47	0.64%
FLUTICASONE PROPIONATE	\$93,730.17	\$112,592.33	20.12%
PEGASYS	\$156,426.51	\$110,746.35	-29.20%
REBIF	\$106,424.41	\$109,398.22	2.79%
PULMOZYME	\$97,124.04	\$109,152.45	12.38%
PERMETHRIN	\$123,695.65	\$108,190.65	-12.53%
METADATE CD	\$113,359.60	\$105,317.07	-7.09%
TOBI	\$80,407.45	\$104,179.75	29.56%
EXJADE	\$99,589.22	\$104,093.36	4.52%
ATRIPLA	\$114,667.89	\$103,719.85	-9.55%
GLEEVEC	\$91,634.02	\$103,222.96	12.65%

LANTUS SOLOSTAR	\$97,978.27	\$97,306.81	-0.69%
HUMIRA	\$77,488.68	\$97,116.37	25.33%
DAYTRANA	\$85,217.86	\$96,828.96	13.63%
AMOXICILLIN/CLAVULANATE P	\$110,031.90	\$95,628.60	-13.09%
LYRICA	\$92,592.56	\$95,073.14	2.68%
VIMPAT	\$86,306.20	\$95,034.24	10.11%
NOVOLOG FLEXPEN	\$95,676.10	\$94,120.67	-1.63%
FELBATOL	\$88,352.71	\$93,233.39	5.52%
HUMATE-P	\$48,577.98	\$92,161.30	89.72%
BETASERON	\$81,162.40	\$88,374.75	8.89%
HEMOFIL M	\$85,908.34	\$86,852.34	1.10%
KUVAN	\$66,515.53	\$86,576.10	30.16%
INTUNIV	\$86,978.18	\$86,372.00	-0.70%
PATANOL	\$34,129.73	\$86,001.93	151.99%
ELAPRASE	\$83,768.68	\$83,768.68	0.00%
SAPHRIS	\$82,858.61	\$83,759.37	1.09%
BUPROPION HCL XL	\$81,461.41	\$83,238.39	2.18%
TRILEPTAL	\$85,204.82	\$83,072.38	-2.50%
NUVARING	\$76,880.79	\$82,849.38	7.76%
LAMICTAL	\$79,928.54	\$82,664.02	3.42%
PROLASTIN-C	\$98,474.82	\$82,260.05	-16.47%
AMOXICILLIN/POTASSIUM CLA	\$91,690.92	\$81,088.08	-11.56%
ORTHO EVRA	\$79,290.08	\$80,074.33	0.99%
GILENYA	\$60,031.20	\$80,041.60	33.33%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count January/February 2012	Prescription Count March/April 2012	Percent Change
Loratadine Tab 10 MG	8,809	10,285	16.76%
PROAIR HFA AER	7,791	8,306	6.61%
HYDROCO/APAP TAB 5-500MG	8,414	8,071	-4.08%
AMOXICILLIN SUS 400/5ML	9,765	7,944	-18.65%
AZITHROMYCIN SUS 200/5ML	8,978	7,409	-17.48%
ALBUTEROL NEB 0.083%	7,964	6,740	-15.37%
AZITHROMYCIN TAB 250MG	7,588	6,708	-11.60%
TRAMADOL HCL TAB 50MG	6,066	6,347	4.63%
LORAZEPAM TAB 0.5MG	6,291	6,342	0.81%
RANITIDINE TAB 150MG	5,814	5,865	0.88%
CLONIDINE TAB 0.1MG	5,620	5,758	2.46%
Acetaminophen Tab 325 MG	5,654	5,582	-1.27%
CLONAZEPAM TAB 1MG	5,409	5,488	1.46%
LORAZEPAM TAB 1MG	5,369	5,416	0.88%
CLONAZEPAM TAB 0.5MG	5,246	5,268	0.42%
LEXAPRO TAB 20MG	5,302	5,267	-0.66%
FLUOXETINE CAP 20MG	5,079	5,212	2.62%
Aspirin Tab Delayed Release 81 MG	4,986	5,114	2.57%
HYDROCO/APAP TAB 5-325MG	3,985	5,078	27.43%
Cetirizine HCl Tab 10 MG	3,923	4,987	27.12%
GUANFACINE TAB 1MG	4,747	4,937	4.00%
AMOXICILLIN SUS 250/5ML	5,862	4,851	-17.25%
CYCLOBENZAPR TAB 10MG	4,716	4,807	1.93%
ALPRAZOLAM TAB 0.5MG	4,696	4,745	1.04%
ALPRAZOLAM TAB 1MG	4,348	4,480	3.04%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,101	4,238	3.34%
FLUTICASONE SPR 50MCG	3,484	4,188	20.21%
Sennosides-Docusate Sodium Tab 8.6-50 MG	3,979	4,152	4.35%
SINGULAIR TAB 10MG	3,693	4,106	11.18%
IBUPROFEN TAB 800MG	3,770	3,970	5.31%
SERTRALINE TAB 100MG	3,935	3,920	-0.38%
AMOXICILLIN CAP 500MG	4,156	3,911	-5.90%
Aspirin Chew Tab 81 MG	3,801	3,870	1.82%

CONCERTA TAB 36MG	3,793	3,863	1.85%
Acetaminophen Tab 500 MG	3,840	3,797	-1.12%
OMEPRazole CAP 20MG	3,678	3,776	2.66%
SINGULAIR CHW 5MG	3,211	3,732	16.23%
TRAZODONE TAB 50MG	3,693	3,713	0.54%
CEPHALEXIN CAP 500MG	3,551	3,528	-0.65%
VENTOLIN HFA AER	3,382	3,443	1.80%
CITALOPRAM TAB 20MG	3,294	3,347	1.61%
TRAZODONE TAB 100MG	3,259	3,347	2.70%
PREDNISOLONE SOL 15MG/5ML	5,425	3,177	-41.44%
SMZ/TMP DS TAB 800-160	2,966	3,147	6.10%
FOLIC ACID TAB 1MG	2,848	2,931	2.91%
CEFDINIR SUS 250/5ML	3,330	2,927	-12.10%
CONCERTA TAB 54MG	2,789	2,852	2.26%
VYVANSE CAP 30MG	2,658	2,776	4.44%
ALPRAZOLAM TAB 0.25MG	2,717	2,773	2.06%
AZITHROMYCIN SUS 100/5ML	3,372	2,768	-17.91%
OXYCOD/APAP TAB 5-325MG	2,698	2,764	2.45%
RISPERIDONE TAB 1MG	2,695	2,731	1.34%
GABAPENTIN CAP 300MG	2,575	2,684	4.23%
SINGULAIR CHW 4MG	2,323	2,683	15.50%
PREDNISONE TAB 20MG	2,535	2,617	3.23%
SERTRALINE TAB 50MG	2,621	2,607	-0.53%
METFORMIN TAB 500MG	2,548	2,583	1.37%
CITALOPRAM TAB 40MG	2,626	2,567	-2.25%
Loratadine Syrup 5 MG/5ML	1,558	2,536	62.77%
ZOLPIDEM TAB 10MG	2,495	2,476	-0.76%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	1,602	2,467	54.00%
NAPROXEN TAB 500MG	2,338	2,427	3.81%
RISPERIDONE TAB 0.5MG	2,289	2,359	3.06%
LANTUS INJ 100/ML	2,227	2,354	5.70%
VYVANSE CAP 40MG	2,102	2,345	11.56%
SMZ-TMP SUS 200-40/5	2,427	2,316	-4.57%
CEPHALEXIN SUS 250/5ML	2,334	2,276	-2.49%
CEFDINIR SUS 125/5ML	2,617	2,205	-15.74%
Sennosides Tab 8.6 MG	2,009	2,148	6.92%
HYDROCO/APAP TAB 7.5-500	2,161	2,145	-0.74%
VYVANSE CAP 50MG	2,066	2,145	3.82%

Polyethylene Glycol 3350 Oral Powder	2,114	2,143	1.37%
CYMBALTA CAP 60MG	2,049	2,107	2.83%
SIMVASTATIN TAB 20MG	2,092	2,106	0.67%
OMEPRAZOLE CAP 40MG	1,942	2,098	8.03%
APAP/CODEINE TAB 300-30MG	2,094	2,097	0.14%
HYDROCHLOROTAB 25MG	2,064	2,096	1.55%
MUPIROCIN OIN 2%	2,050	2,089	1.90%
SIMVASTATIN TAB 40MG	2,045	2,067	1.08%
LISINOPRIL TAB 10MG	2,032	2,066	1.67%
HYDROCO/APAP TAB 10-325MG	1,983	2,034	2.57%
DIAZEPAM TAB 5MG	1,899	2,001	5.37%
ABILIFY TAB 5MG	1,968	1,944	-1.22%
METRONIDAZOL TAB 500MG	1,976	1,941	-1.77%
AMOX/K CLAV TAB 875MG	2,099	1,936	-7.77%
Aspirin Tab Delayed Release 325 MG	1,908	1,929	1.10%
METHYLPHENID TAB 10MG	1,757	1,893	7.74%
LISINOPRIL TAB 20MG	1,800	1,885	4.72%
VENLAFAXINE CAP 150MG ER	1,979	1,870	-5.51%
FLUCONAZOLE TAB 150MG	1,793	1,849	3.12%
TRIAMCINOLON CRE 0.1%	1,615	1,843	14.12%
AMOX/K CLAV SUS 600/5ML	2,081	1,810	-13.02%
METFORMIN TAB 1000MG	1,771	1,804	1.86%
NASONEX SPR 50MCG/AC	1,351	1,758	30.13%
VYVANSE CAP 20MG	1,604	1,744	8.73%
CONCERTA TAB 27MG	1,693	1,716	1.36%
BUPROPN HCL TAB 300MG XL	1,641	1,688	2.86%
MELOXICAM TAB 15MG	1,683	1,684	0.06%
FUROSEMIDE TAB 40MG	1,591	1,681	5.66%
PRENATAL TAB PLUS	1,644	1,649	0.30%

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	March/April 2012	May/June 2012	% CHANGE
Total Paid Amount	\$44,356,062	\$40,812,676	-8.0%
Unique Users	164,665	152,402	-7.4%
Cost Per User	\$269.37	\$267.80	-0.6%
Total Prescriptions	690,061.0	650,184.0	-5.8%
Average Prescriptions Per User	4.19	4.27	1.9%
Average Cost Per Prescription	\$64.28	\$62.77	-2.3%
# Generic Prescriptions	535,428	507,755	-5.2%
% Generic	77.6%	78.1%	0.6%
\$ Generic	\$6,320,513	\$6,114,822	-3.3%
Average Generic Prescription Cost	\$11.80	\$12.04	2.0%
Average Days Supply	21	22	4.8%
# Brand Prescriptions	154,633	142,429	-7.9%
% Brand	22.4%	21.9%	-2.2%
\$ Brand	\$38,035,549	\$34,697,854	-8.8%
Average Brand Prescription Cost	\$245.97	\$243.62	-1.0%
Average Days Supply	26	26	0.0%

Utilization by Age

Age	March/April 2012	May/June 2012
0-6	37,752	31,674
7-12	27,054	24,189
13-18	23,436	21,332
19-64	64,622	63,693
65+	11,801	11,514
	164,665	152,402

Utilization by Gender and Age

Gender	Age	March/April 2012	May/June 2012
F			
	0-6	17,778	14,866
	7-12	11,839	10,525
	13-18	11,990	11,095
	19-64	45,647	44,979
	65+	8,770	8,517
		96,024	89,982
M			
	0-6	19,974	16,808
	7-12	15,215	13,664
	13-18	11,446	10,237
	19-64	18,975	18,714
	65+	3,031	2,997
		68,641	62,420

Top 100 Pharmacies by Prescription Count

May/June 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #05239	DAVENPORT	IA	8,465	\$455,352.86	2
2	WALGREEN #04405	COUNCIL BLUFFS	IA	8,164	\$495,356.36	1
3	WALGREEN #05721	DES MOINES	IA	7,284	\$384,537.26	3
4	MARTIN HEALTH SERVICES INC	DENVER	IA	6,563	\$168,612.79	4
5	WALGREEN #359	DES MOINES	IA	5,790	\$319,093.84	5
6	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,357	\$225,629.92	6
7	WALGREENS #07453	DES MOINES	IA	5,176	\$270,671.77	9
8	WALGREEN COMPANY 07455	WATERLOO	IA	5,133	\$216,484.25	7
9	WALGREEN #910	SIOUX CITY	IA	5,129	\$276,534.17	8
10	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	4,849	\$256,785.35	10
11	WALGREEN #05362	DES MOINES	IA	4,816	\$240,082.55	11
12	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,803	\$153,275.22	13
13	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,796	\$230,482.03	12
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,296	\$249,798.97	14
15	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,684	\$187,706.16	17
16	WALGREEN #05852	DES MOINES	IA	3,682	\$183,981.96	15
17	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,676	\$228,345.83	22
18	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	3,655	\$123,386.03	30
19	WALGREEN #04041	DAVENPORT	IA	3,598	\$187,244.15	19
20	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,557	\$222,668.75	16
21	WALGREEN #11709	DAVENPORT	IA	3,400	\$177,903.85	21
22	WALGREEN COMPANY 05777	DES MOINES	IA	3,289	\$145,129.64	18
23	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,248	\$198,101.99	25
24	RASHID PHARMACY PLC	FORT MADISON	IA	3,186	\$181,070.48	23
25	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,125	\$175,618.03	27
26	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,057	\$106,994.51	20
27	MAHASKA DRUG INC	OSKALOOSA	IA	2,968	\$163,697.16	28
28	WALGREEN #03595	DAVENPORT	IA	2,887	\$161,322.95	26
29	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,872	\$170,772.25	31
30	WALGREENS #05119	CLINTON	IA	2,833	\$136,322.21	33
31	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,821	\$205,001.33	36
32	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,729	\$132,975.71	32
33	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,723	\$196,896.21	38
34	WALGREEN #05044	BURLINGTON	IA	2,686	\$112,578.73	34
35	WALGREENS #10855	WATERLOO	IA	2,683	\$126,707.68	39
36	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,617	\$144,535.82	

37	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,607	\$122,648.09	42
38	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,585	\$149,237.34	35
39	WALGREEN #7452	DES MOINES	IA	2,563	\$119,135.84	37
40	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,528	\$137,502.24	40
41	MERCY CAREMOR	DUBUQUE	IA	2,476	\$90,575.17	43
42	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,425	\$194,064.48	47
43	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,392	\$120,194.29	46
44	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	2,344	\$139,912.22	24
45	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,246	\$102,239.85	41
46	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,228	\$160,854.97	56
47	WALGREENS #09476	BURLINGTON	IA	2,204	\$106,370.85	44
48	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,168	\$123,398.55	52
49	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,147	\$114,482.18	48
50	WALGREEN #05361	FORT DODGE	IA	2,126	\$122,982.55	45
51	WALGREENS 07968	DES MOINES	IA	2,107	\$109,135.10	51
52	DANIEL PHARMACY INC	FORT DODGE	IA	2,091	\$107,050.04	61
53	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,065	\$126,614.32	54
54	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	2,064	\$84,960.31	72
55	WALGREENS #11942	DUBUQUE	IA	2,032	\$132,782.52	55
56	WALGREEN #05886	KEOKUK	IA	2,028	\$84,992.45	50
57	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,025	\$81,228.81	49
58	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,995	\$128,769.74	58
59	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	1,987	\$99,085.92	53
60	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	1,973	\$113,111.93	57
62	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,957	\$120,337.83	59
61	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,957	\$268,226.52	66
63	WALGREEN #05077	IOWA CITY	IA	1,942	\$91,845.19	63
64	WALGREEN #03196	MARSHALLTOWN	IA	1,938	\$113,303.19	60
65	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,915	\$98,614.50	70
66	WALGREEN #4714	DES MOINES	IA	1,906	\$99,934.83	62
67	REDLERS LONG TERM CARE PHARMACY	DAKOTA DUNES	SD	1,894	\$71,859.36	75
68	WALGREEN COMPANY #05941	MASON CITY	IA	1,863	\$101,813.12	82
69	WALGREEN #09708	DUBUQUE	IA	1,863	\$86,190.49	67
70	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	1,862	\$114,181.31	65
71	SCOTT PHARMACY INC	FAYETTE	IA	1,858	\$101,797.11	74
72	HAMMER PHARMACY	DES MOINES	IA	1,849	\$137,345.12	97
73	WAGNER PHARMACY	CLINTON	IA	1,827	\$119,292.73	76
74	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,808	\$104,226.28	64
75	MEDICAP PHARMACY	INDIANOLA	IA	1,792	\$82,252.70	71
76	HY-VEE PHARMACY 1071	CLARINDA	IA	1,791	\$88,556.90	78
77	PHARMERICA MIDWEST INC DBA	URBANDALE	IA	1,779	\$53,978.97	112
78	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,779	\$91,608.33	77
79	LA GRANGE PHARMACY INC	VINTON	IA	1,776	\$106,502.08	69
80	FIFIELD PHARMACY	DES MOINES	IA	1,743	\$94,073.37	98

81	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,725	\$83,570.22	93
82	HY VEE PHARMACY #1449	NEWTON	IA	1,724	\$91,619.76	90
83	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,696	\$94,526.39	73
84	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,694	\$83,765.00	88
85	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,692	\$110,280.65	87
86	MERWIN LTC PHARMACY	ANKENY	IA	1,680	\$90,152.31	68
87	RELIANT LONG TERM CARE	WASHINGTON	IA	1,672	\$23,559.93	80
88	WALGREENS #05977	CORALVILLE	IA	1,668	\$75,538.45	84
89	HY-VEE PHARMACY (1065)	CHARITON	IA	1,666	\$87,011.33	99
90	WALGREEN #05942	NEWTON	IA	1,656	\$93,161.49	91
91	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,655	\$106,167.85	85
92	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,652	\$95,582.72	83
93	HY-VEE PHARMACY (1075)	CLINTON	IA	1,648	\$98,161.80	94
94	WALGREEN COMPANY DBA	OTTUMWA	IA	1,638	\$103,930.50	101
95	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,634	\$125,586.18	81
96	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,624	\$93,671.35	95
97	HY-VEE PHARMACY (1850)	WASHINGTON	IA	1,617	\$96,132.28	100
98	HY-VEE PHARMACY (1522)	PERRY	IA	1,599	\$78,894.86	79
99	WALGREENS 11153	SPENCER	IA	1,580	\$114,075.65	109
100	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,571	\$79,548.91	86

Top 100 Pharmacies by Paid Amount May/June 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	ARJ INFUSION SERVICES INC	LENEXA	KS	3	\$758,984.95	2
2	WALGREEN #04405	COUNCIL BLUFFS	IA	8,164	\$495,356.36	3
3	WALGREEN #05239	DAVENPORT	IA	8,465	\$455,352.86	6
4	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	15	\$428,375.72	1
5	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	168	\$421,850.02	5
6	WALGREEN #05721	DES MOINES	IA	7,284	\$384,537.26	7
7	CURASCRIPIT PHARMACY INC	ORLANDO	FL	48	\$345,825.94	8
8	WALGREEN #359	DES MOINES	IA	5,790	\$319,093.84	9
9	WALGREEN #910	SIOUX CITY	IA	5,129	\$276,534.17	10
10	WALGREENS #07453	DES MOINES	IA	5,176	\$270,671.77	14
11	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,957	\$268,226.52	33
12	AMBER PHARMACY	OMAHA	NE	141	\$266,673.25	223
13	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	12	\$258,257.13	12
14	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	4,849	\$256,785.35	15
15	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	62	\$253,922.64	11
16	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,296	\$249,798.97	13
17	WALGREEN #05362	DES MOINES	IA	4,816	\$240,082.55	16
18	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	31	\$238,731.56	35
19	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,796	\$230,482.03	20
20	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,676	\$228,345.83	22
21	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,357	\$225,629.92	17
22	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,557	\$222,668.75	19
23	WALGREEN COMPANY 07455	WATERLOO	IA	5,133	\$216,484.25	21
24	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,821	\$205,001.33	25
25	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,248	\$198,101.99	27
26	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,723	\$196,896.21	24
27	MEDFUSION RX LLC	FRANKLIN	TN	72	\$194,383.95	28
28	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,425	\$194,064.48	31
29	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	1,021	\$189,922.52	30
30	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,684	\$187,706.16	26
31	WALGREEN #04041	DAVENPORT	IA	3,598	\$187,244.15	34

32	WALGREEN #05852	DES MOINES	IA	3,682	\$183,981.96	40
33	RASHID PHARMACY PLC	FORT MADISON	IA	3,186	\$181,070.48	29
34	WALGREEN #11709	DAVENPORT	IA	3,400	\$177,903.85	38
35	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,125	\$175,618.03	32
36	US BIOSERVICE CORPORATION	FRISCO	TX	62	\$173,815.79	42
37	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,872	\$170,772.25	39
38	MARTIN HEALTH SERVICES INC	DENVER	IA	6,563	\$168,612.79	44
39	MAHASKA DRUG INC	OSKALOOSA	IA	2,968	\$163,697.16	36
40	WALGREEN #03595	DAVENPORT	IA	2,887	\$161,322.95	43
41	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,228	\$160,854.97	41
42	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,803	\$153,275.22	51
43	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,585	\$149,237.34	47
44	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	43	\$148,720.82	69
45	HY-VEE PHARMACY 1382	LE MARS	IA	1,550	\$145,914.48	50
46	WALGREEN COMPANY 05777	DES MOINES	IA	3,289	\$145,129.64	46
47	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,617	\$144,535.82	
48	WALGREENS INFUSION SERVICES	OMAHA	NE	50	\$139,962.95	23
49	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	2,344	\$139,912.22	48
50	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,528	\$137,502.24	49
51	HAMMER PHARMACY	DES MOINES	IA	1,849	\$137,345.12	54
52	WALGREENS #05119	CLINTON	IA	2,833	\$136,322.21	53
53	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,729	\$132,975.71	57
54	WALGREENS #11942	DUBUQUE	IA	2,032	\$132,782.52	78
55	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,995	\$128,769.74	65
56	WALGREENS #10855	WATERLOO	IA	2,683	\$126,707.68	74
57	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,065	\$126,614.32	67
58	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,634	\$125,586.18	52
59	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,168	\$123,398.55	63
60	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	3,655	\$123,386.03	71
61	WALGREEN #05361	FORT DODGE	IA	2,126	\$122,982.55	58
62	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,607	\$122,648.09	62
63	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,957	\$120,337.83	66
64	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,392	\$120,194.29	68
65	WAGNER PHARMACY	CLINTON	IA	1,827	\$119,292.73	80
66	WALGREEN #7452	DES MOINES	IA	2,563	\$119,135.84	55
67	GREENWOOD DRUG INC	WATERLOO	IA	1,519	\$117,116.35	61

68	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,509	\$114,825.03	79
69	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,147	\$114,482.18	77
70	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	1,862	\$114,181.31	121
71	WALGREENS 11153	SPENCER	IA	1,580	\$114,075.65	72
72	WALGREEN #03196	MARSHALLTOWN	IA	1,938	\$113,303.19	76
73	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	1,973	\$113,111.93	104
74	WALGREEN #05044	BURLINGTON	IA	2,686	\$112,578.73	64
75	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,692	\$110,280.65	114
76	WALGREENS 07968	DES MOINES	IA	2,107	\$109,135.10	87
77	DANIEL PHARMACY INC	FORT DODGE	IA	2,091	\$107,050.04	99
78	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,057	\$106,994.51	60
79	LA GRANGE PHARMACY INC	VINTON	IA	1,776	\$106,502.08	70
80	WALGREENS #09476	BURLINGTON	IA	2,204	\$106,370.85	59
81	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,655	\$106,167.85	94
82	HY VEE DRUGSTORE 7007-039	AMES	IA	1,406	\$106,127.51	85
83	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	1,425	\$105,709.16	125
84	WAL-MART PHARMACY 10-5315	LAKE MARY	FL	22	\$104,917.25	316
85	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,808	\$104,226.28	96
86	WALGREEN COMPANY DBA	OTTUMWA	IA	1,638	\$103,930.50	90
87	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,474	\$103,279.34	86
88	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,519	\$103,204.30	92
89	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,246	\$102,239.85	56
90	WALGREEN COMPANY #05941	MASON CITY	IA	1,863	\$101,813.12	107
91	SCOTT PHARMACY INC	FAYETTE	IA	1,858	\$101,797.11	93
92	WALGREEN #4714	DES MOINES	IA	1,906	\$99,934.83	95
93	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	1,987	\$99,085.92	98
94	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,915	\$98,614.50	101
95	HY-VEE PHARMACY (1075)	CLINTON	IA	1,648	\$98,161.80	84
96	HUGHES PHARMACIES DBA Q&T PHARMACY	WATERLOO	IA	1,428	\$97,444.52	106
97	WALGREEN #07454	ANKENY	IA	1,526	\$96,543.26	91
98	HY-VEE PHARMACY (1850)	WASHINGTON	IA	1,617	\$96,132.28	130
99	HY-VEE PHARMACY (1634)	STORM LAKE	IA	1,449	\$95,956.57	113
100	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,652	\$95,582.72	89

Top 100 Prescribing Providers by Prescription Count

May/June 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA ALI HAMDAN MD	\$202,301.20	1,918	1
2	ROY W OVERTON III DO	\$60,354.17	1,838	5
3	SARAH A JUSTMANN ARNP	\$148,257.77	1,771	2
4	MARVIN F PIBURN JR, MD	\$131,960.36	1,738	4
5	LARRY RICHARDS DO	\$156,842.10	1,630	3
6	BOBBITA NAG MD	\$164,230.59	1,626	6
7	QAZI UMAR JAVED MD	\$144,660.01	1,567	7
8	KENT ELDON KUNZE MD	\$155,612.63	1,406	8
9	KEVIN JOHN TOOK MD	\$186,470.35	1,320	10
10	J PATRICK BERTROCHE DO	\$166,558.91	1,310	9
11	KATHLEEN L WILD ARNP	\$127,775.84	1,297	11
12	SRIRAMAMURTHY RAVIPATI MD	\$145,408.95	1,254	16
13	BRYANT MUTCHLER DO	\$44,586.76	1,219	14
14	CAROL D AUNAN ARNP	\$114,333.24	1,200	18
15	JEFFREY D WILHARM MD	\$93,253.30	1,171	12
16	E RICHARD NIGHTINGALE III MD	\$117,584.72	1,139	15
17	KATHRYN ENZLER PA	\$32,297.28	1,050	24
18	MARTIN J FIALKOV MD	\$95,977.94	1,030	25
19	RANDAL KAVALIER DR	\$105,243.60	1,015	21
20	WILLIAM MYRON NISSEN MD	\$80,199.79	1,007	28
21	ALI SAFDAR MD	\$93,897.94	993	40
22	RAY C STURDEVANT MD	\$101,727.57	993	19
23	JOADA BEST ARNP	\$104,899.61	989	39
24	MONTE BERNHAGEN MD	\$116,966.45	984	27
25	CAROL SCHMIDT ARNP	\$46,638.56	981	26
26	RONALD BRINK MD	\$108,633.28	962	20
27	REBECCA J WOLFE MD	\$66,258.29	940	34
28	DAVID M CRAVEN MD	\$40,037.53	937	33
29	TODD KENT POGUE DO	\$72,833.22	918	31
30	RAHUL BANSAL MD	\$84,016.30	916	35
31	SHAWN DENNIS JONES MD	\$68,973.83	912	45
33	WILSON L DAVIS MD	\$20,796.85	898	79

32	DAVID V GIERLUS DO	\$38,126.04	898	23
34	PETER JOSEPH SZEIBEL MD	\$95,725.45	888	47
35	ANNE LASH ARNP	\$100,646.02	888	38
36	RAJNI BATRA MD	\$35,701.20	871	13
37	THOMAS C PIEKENBROCK MD	\$57,792.68	869	54
38	CYD Q. GRAFFT PAC	\$66,551.07	861	32
39	JOHN FRANKLIN STECKER III MD	\$102,187.90	859	48
40	KIMBERLY A THOMPSON DO	\$43,728.77	843	29
42	BJIRO VIVIAN AGBORO-IDAHOA MD	\$80,414.34	832	49
41	RANDY R ROBINSON MD	\$40,451.52	832	36
43	DAVID WENGER-KELLER MD	\$43,290.68	828	66
44	DENNIS G MILLER DO	\$39,988.05	822	58
45	ALLYSON L WHEATON MD	\$87,227.65	817	30
46	RICHARD J KOZENY MD	\$41,539.70	813	57
47	JAMES BROOKS MD	\$95,513.93	813	56
48	JAFFAR ALI SHAIKH MD	\$45,142.86	809	53
49	CHRISTOPHER GENE OKIISHI MD	\$67,461.58	807	37
51	WILLI MARTENS MD	\$34,744.69	805	55
50	FRANK L BABCOCK, MD	\$63,855.82	805	50
52	RONALD WILLIAM GRAEFF MD	\$65,453.65	787	62
53	ODUAH DANIEL OSARO MD	\$70,592.74	782	46
54	KRISHNA POOJAPPA MURTHY MD	\$83,909.07	781	44
55	ADIB KASSAS MD	\$48,952.73	776	68
56	CHRISTEL L SEEMANN DO	\$31,867.85	771	70
57	ALBERT OKINE PAC	\$84,707.07	770	59
58	KATHLEEN S ADAMS ARNP	\$113,747.89	769	42
59	LEANNE MOREY PAC	\$98,718.47	758	69
60	THOMAS SCOTT HOPKINS DO	\$71,324.82	756	51
61	MAEN M HADDADIN MD	\$25,080.45	755	97
62	DENNIS S JONES MD	\$45,648.86	747	17
63	SHARON DUCLOS MD	\$33,735.72	745	60
64	DOUGLAS HOWARD JONES MD	\$84,774.67	743	95
65	PAUL DENNIS PETERSON DO	\$41,158.60	739	41
66	LAURA M VAN CLEVE DO	\$61,980.87	737	63
67	KIRAN BHASKAR KHANOLKAR MD	\$29,045.98	733	88

68	DUSTIN RALPH SMITH MD	\$41,610.49	730	76
69	CARLA K ABEL-ZIEG ARNP	\$72,437.95	718	67
70	REBECCA E WALDING ARNP	\$78,530.46	706	105
71	KEVIN WILLIAM BLECHLE DO	\$21,875.50	706	71
72	ANDRZEJ SZCZEPANEK MD	\$35,892.46	705	197
73	ROBERT D CONNER JR DO	\$15,708.05	696	64
74	MARY C SEGRETO DO	\$108,652.95	695	77
75	DEBRA ANN STUDER DO	\$10,616.86	685	65
76	DAVID M CRIPPIN MD	\$30,953.18	683	61
77	DANIEL JOSEPH ARNOLD DO	\$30,509.71	682	92
78	SARAH L BEATTIE ARNP	\$71,920.05	678	72
82	ROBERT MARVIN KENT MD	\$30,211.76	670	96
79	RODNEY DEAN MD	\$72,124.29	670	108
80	JERRY WILLE MD	\$28,836.21	670	100
81	CHRISTIAN W JONES MD	\$29,429.73	670	75
83	STEFANIE RENEE YEARIAN ARNP	\$59,310.16	666	85
85	ISAM ELIAS MARAR MD	\$42,789.30	664	89
84	TIMOTHY W SWINTON MD	\$25,786.00	664	73
86	JON S AHRENDSEN MD	\$51,800.40	663	74
88	MICHAEL LEE EGGER MD	\$67,341.53	660	110
87	CRAIG N SEAMANDS MD	\$51,189.88	660	81
89	ANDREA BETH HEMESATH ARNP	\$48,878.13	659	139
90	PAULA J EAN CURRAN ARNP	\$42,879.30	658	102
91	JIMMY RAE MASCARO DO	\$75,220.30	651	90
92	DONNER DEWDNEY MD	\$49,717.49	649	83
93	CARL A AAGESEN DO	\$77,246.30	646	84
94	TRUCE Taneo ORDONA MD	\$58,984.23	642	135
95	LISA JAYNE MENZIES MD	\$136,806.63	639	78
96	JOHN D BIRKETT MD	\$23,985.21	635	99
97	MERRILEE RAMSEY ARNP	\$41,384.74	632	116
98	ERIC S PETERSEN DO	\$23,075.39	631	128
99	LOUIS PASQUALE GERBINO MD	\$67,784.81	630	123
101	KEVIN NEIL SHEPPARD MD	\$47,113.41	629	94

Top 100 Prescribing Providers by Paid Amount

May/June 2012

Ran	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	ROLLA F ABU-ARJA MD	\$741,355.39	2	2
2	JANICE MARIE ROSE STABER MD	\$524,528.42	38	1
3	GHADA ALI HAMDAN MD	\$202,301.20	1,918	3
4	KEVIN JOHN TOOK MD	\$186,470.35	1,320	6
5	J PATRICK BERTROCHE DO	\$166,558.91	1,310	7
6	BOBBITA NAG MD	\$164,230.59	1,626	11
7	LARRY RICHARDS DO	\$156,842.10	1,630	5
8	KENT ELDON KUNZE MD	\$155,612.63	1,406	10
9	STEVEN LENTZ MD	\$153,351.97	10	4
10	SARAH A JUSTMANN ARNP	\$148,257.77	1,771	8
11	SRIRAMAMURTHY RAVIPATI MD	\$145,408.95	1,254	14
12	QAZI UMAR JAVED MD	\$144,660.01	1,567	12
13	VILMARIE RODRIGUEZ-PADUA MD	\$143,709.18	14	22
14	LISA JAYNE MENZIES MD	\$136,806.63	639	9
15	MARVIN F PIBURN JR, MD	\$131,960.36	1,738	15
16	KATHLEEN L WILD ARNP	\$127,775.84	1,297	17
17	BRUCE L HUGHES MD	\$120,766.82	115	33
18	E RICHARD NIGHTINGALE III MD	\$117,584.72	1,139	16
19	JENNIFER S COOK MD	\$117,197.31	478	21
20	MONTE BERNHAGEN MD	\$116,966.45	984	25
21	CAROL D AUNAN ARNP	\$114,333.24	1,200	30
22	KATHLEEN S ADAMS ARNP	\$113,747.89	769	19
23	MARY C SEGRETO DO	\$108,652.95	695	46
24	RONALD BRINK MD	\$108,633.28	962	18
25	STEVEN P JOYCE MD	\$106,215.10	311	27
26	RANDAL KAVALIER DO	\$105,243.60	1,015	23
27	JOADA BEST ARNP	\$104,899.61	989	44
28	JOHN FRANKLIN STECKER III MD	\$102,187.90	859	42
29	DAVID YURDIN PA	\$102,069.45	449	31
30	RAY C STURDEVANT MD	\$101,727.57	993	24
31	LIUSKA MARIA PESCE MD	\$100,811.84	218	38
32	ANNE LASH ARNP	\$100,646.02	888	35
33	LEANNE MOREY PAC	\$98,718.47	758	48
34	MARTIN J FIALKOV MD	\$95,977.94	1,030	39
35	PETER JOSEPH SZEIBEL MD	\$95,725.45	888	54
36	EVA TSALIKIAN MD	\$95,666.73	149	47
37	JAMES BROOKS MD	\$95,513.93	813	34
38	ALI SAFDAR MD	\$93,897.94	993	43
39	JEFFREY D WILHARM MD	\$93,253.30	1,171	37
40	DAVID JOSEPH GNARRA MD	\$89,724.47	12	28
41	MARC C PATTERSON MD	\$89,011.09	67	50

42	JUDITH A MILLER ARNP	\$88,412.66	18	55
43	ERIN VOYLES HATCHER ARNP	\$87,654.60	607	51
44	JAMES ERSKIN NELSON MD	\$87,368.87	40	1,761
45	ALLYSON L WHEATON MD	\$87,227.65	817	32
46	BRIAN PATRICK LAHEY MD	\$85,967.42	597	36
47	DOUGLAS HOWARD JONES MD	\$84,774.67	743	71
48	ALBERT OKINE PAC	\$84,707.07	770	40
49	RAHUL BANSAL MD	\$84,016.30	916	61
50	KRISHNA POOJAPPA MURTHY MD	\$83,909.07	781	49
51	LAURIE WARREN PA	\$83,038.99	624	69
52	BJIRO VIVIAN AGBORO-IDAHOSEA MD	\$80,414.34	832	62
53	WILLIAM MYRON NISSEN MD	\$80,199.79	1,007	56
54	ANTHONY G ZAMUDIO ARNP	\$79,833.60	544	77
55	MARIA J STEELE ARNP	\$79,677.49	103	13
56	TAMMY KAY COLEGROVE ARNP	\$79,206.48	84	512
57	REBECCA E WALDING ARNP	\$78,530.46	706	87
58	CARL A AAGESEN DO	\$77,246.30	646	41
59	MARY W NIXON ARNP	\$75,636.22	603	85
60	HIEDI STJARNA LANE ARNP	\$75,301.15	607	20
61	JIMMY RAE MASCARO DO	\$75,220.30	651	58
62	DEANNA BOOK BOESEN MD	\$74,119.87	593	68
63	MATT D EGGERS MD	\$73,090.49	561	88
64	TODD KENT POGUE DO	\$72,833.22	918	64
65	CARLA K ABEL-ZIEG ARNP	\$72,437.95	718	59
66	RODNEY DEAN MD	\$72,124.29	670	78
67	SARAH L BEATTIE ARNP	\$71,920.05	678	70
68	THOMAS SCOTT HOPKINS DO	\$71,324.82	756	63
69	ODUAH DANIEL OSARO MD	\$70,592.74	782	53
70	TIMOTHY MARK MCCASHLAND MD	\$70,245.76	51	1,553
71	JULIE K OSTERHAUS ARNP	\$70,028.98	260	45
72	SHAWN DENNIS JONES MD	\$68,973.83	912	89
73	DANIEL M SLEITER ARNP	\$68,583.37	113	106
74	LOUIS PASQUALE GERBINO MD	\$67,784.81	630	95
75	CHRISTOPHER GENE OKIISHI MD	\$67,461.58	807	66
76	MICHAEL LEE EGGER MD	\$67,341.53	660	72
77	CYD Q. GRAFFT PA	\$66,551.07	861	57
78	REBECCA J WOLFE MD	\$66,258.29	940	80
79	LIEM-SOM OEI MD	\$65,829.62	80	29
80	RONALD WILLIAM GRAEFF MD	\$65,453.65	787	101
81	LEENU MISHRA MD	\$65,396.60	590	98
82	MARY S O'DORISIO, M.D.	\$64,193.66	24	1,022
83	FRANK L BABCOCK, MD	\$63,855.82	805	73
84	ALAN CHRISTOPHER WHITTERS MD	\$62,410.28	582	74
85	EDWARD G NASSIF MD	\$62,145.30	493	91
86	SHERRY DIANNE DEKEYSER MD	\$62,072.88	503	82
87	LAURA M VAN CLEVE DO	\$61,980.87	737	81

88	CASIE RINEY PAC	\$61,603.47	594	99
89	SREENIVAS CHINTALAPANI MD	\$61,289.06	22	4,526
90	ROY W OVERTON III DO	\$60,354.17	1,838	109
91	RICARDO RENE FLORES MD	\$59,446.57	177	75
92	BRAHMANANDA PRASADARAO MAKKAPATI MD	\$59,370.66	494	83
93	STEFANIE RENEE YEARIAN ARNP	\$59,310.16	666	86
94	TRUCE Taneo ORDONA MD	\$58,984.23	642	107
95	MARK WILLIAM MITTAUER MD	\$58,849.99	617	76
96	SHARON ECKHART ARNP	\$58,713.23	505	96
97	DUANGCHAI NARAWONG MD	\$58,244.64	540	97
98	CINDY GOSHORN ARNP	\$58,012.70	485	136
99	THOMAS C PIEKENBROCK MD	\$57,792.68	869	112
100	CHRISTOPHER D TUMPKIN MD	\$57,524.73	233	173

Top 20 Therapeutic Class by Paid Amount

Category Description	March/April 2012	Rank	% Budget	May/June 2012	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$8,090,426	1	18.2%	\$7,155,354	1	17.5%	-11.6%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,936,634	2	6.6%	\$2,700,672	2	6.6%	-8.0%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,395,762	3	5.4%	\$2,192,184	3	5.4%	-8.5%
ANTIHEMOPHILIC AGENTS	\$2,321,743	4	5.2%	\$1,837,534	4	4.5%	-20.9%
ANTICONVULSANTS	\$1,771,790	6	4.0%	\$1,753,498	5	4.3%	-1.0%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,790,879	5	4.0%	\$1,742,608	6	4.3%	-2.7%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	\$1,755,057	7	4.0%	\$1,671,734	7	4.1%	-4.7%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,134,484	9	2.6%	\$1,109,199	8	2.7%	-2.2%
DIABETIC - INSULIN	\$1,058,674	10	2.4%	\$1,077,515	9	2.6%	1.8%
STIMULANTS - METHYLPHENIDATE	\$996,638	11	2.2%	\$915,601	10	2.2%	-8.1%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$735,796	14	1.7%	\$733,802	11	1.8%	-0.3%
ANTIASTHMATIC - BETA - ADRENERGICS	\$844,695	12	1.9%	\$730,212	12	1.8%	-13.6%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$759,070	13	1.7%	\$715,484	13	1.8%	-5.7%
MULTIPLE SCLEROSIS AGENTS	\$631,522	16	1.4%	\$646,209	14	1.6%	2.3%
ANTIASTHMATIC - STEROID INHALANTS	\$718,818	15	1.6%	\$623,717	15	1.5%	-13.2%
GROWTH HORMONE	\$541,841	17	1.2%	\$563,952	16	1.4%	4.1%
HEPATITIS C AGENTS	\$375,310	20	0.8%	\$490,282	17	1.2%	30.6%
NARCOTICS - MISC.	\$425,722	18	1.0%	\$431,048	18	1.1%	1.3%
NARCOTICS-LONG ACTING	\$388,403	19	0.9%	\$372,723	19	0.9%	-4.0%
DIABETIC - INSULIN PENFILLS	\$331,116	24	0.7%	\$363,700	20	0.9%	9.8%

Top 20 Therapeutic Class by Prescription Count

Category Description	March/April 2012	Prev Rank	May/June 2012	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	53,206	1	50,546	1	-5.00%
ANTICONVULSANTS	34,960	2	34,894	2	-0.19%
NARCOTICS - MISC.	31,179	3	30,861	3	-1.02%
ANXIOLYTICS - BENZODIAZEPINES	30,720	4	30,513	4	-0.67%
ANTIPSYCHOTICS - ATYPICALS	25,125	6	24,608	5	-2.06%
ANALGESICS - MISC.	24,397	7	24,162	6	-0.96%
ANTI HISTAMINES - NON-SEDATING	20,695	9	20,529	7	-0.80%
BETA-LACTAMS / CLAVULANATE COMBO'S	26,811	5	18,749	8	-30.07%
ANTI ASTHMATIC - BETA - ADRENERGICS	21,462	8	17,343	9	-19.19%
STIMULANTS - AMPHETAMINES - LONG ACTING	16,952	11	15,162	10	-10.56%
ANTI HYPERTENSIVES - CENTRAL	13,736	13	13,313	11	-3.08%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	18,479	10	12,337	12	-33.24%
NSAIDS	12,648	14	11,842	13	-6.37%
CEPHALOSPORINS	14,064	12	11,234	14	-20.12%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	12,217	15	10,934	15	-10.50%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,824	18	10,753	16	-0.66%
ANTI ASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,902	17	10,357	17	-5.00%
GI - H2-ANTAGONISTS	10,338	19	10,136	18	-1.95%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	11,456	16	9,757	19	-14.83%
GI - PROTON PUMP INHIBITOR	9,438	21	9,317	20	-1.28%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount March/April 2012	Paid Amount May/June 2012	Percent Change
ABILIFY	\$3,221,731.10	\$3,306,671.73	2.64%
CONCERTA	\$2,147,953.91	\$1,971,839.50	-8.20%
SINGULAIR	\$1,754,085.06	\$1,670,623.48	-4.76%
VYVANSE	\$1,725,603.93	\$1,586,797.58	-8.04%
ADVATE	\$1,159,749.15	\$1,259,067.11	8.56%
SEROQUEL	\$2,136,766.79	\$1,192,587.66	-44.19%
ADDERALL XR	\$1,074,963.05	\$981,124.30	-8.73%
FOCALIN XR	\$825,648.89	\$769,420.25	-6.81%
ZYPREXA	\$970,413.54	\$708,910.12	-26.95%
LEXAPRO	\$638,574.06	\$619,041.67	-3.06%
GEODON	\$637,225.03	\$607,968.28	-4.59%
ADVAIR DISKUS	\$617,937.46	\$593,969.51	-3.88%
CYMBALTA	\$604,187.29	\$593,859.39	-1.71%
LANTUS	\$494,679.51	\$523,064.64	5.74%
STRATTERA	\$532,784.52	\$495,403.81	-7.02%
LIPITOR	\$394,719.10	\$393,592.43	-0.29%
PROAIR HFA	\$409,176.14	\$365,993.05	-10.55%
SPIRIVA HANDIHALER	\$298,392.32	\$306,491.54	2.71%
NOVOLOG	\$274,904.85	\$274,646.77	-0.09%
INCIVEK	\$180,858.55	\$262,217.25	44.98%
VALTREX	\$238,076.76	\$259,408.62	8.96%
RISPERDAL CONSTA	\$279,409.69	\$252,242.66	-9.72%
PLAVIX	\$245,016.88	\$244,046.98	-0.40%
COPAXONE	\$261,765.44	\$241,839.64	-7.61%
GENOTROPIN	\$238,904.78	\$230,631.17	-3.46%
PULMICORT	\$319,969.84	\$230,240.28	-28.04%
LOVENOX	\$195,176.84	\$215,100.79	10.21%
COMBIVENT	\$210,490.50	\$211,615.57	0.53%
INVEGA	\$194,909.00	\$208,092.34	6.76%
TRICOR	\$199,976.30	\$207,517.87	3.77%
CRESTOR	\$207,704.75	\$207,082.82	-0.30%
HYDROCODONE/ACETAMINOPHEN	\$192,466.81	\$195,416.81	1.53%
AMPHETAMINE/DEXTROAMPHETAMINE	\$198,848.00	\$194,019.31	-2.43%
BENEFIX	\$428,517.55	\$192,787.80	-55.01%
NASONEX	\$216,711.10	\$186,146.52	-14.10%
INVEGA SUSTENNA	\$170,420.30	\$183,963.40	7.95%

AZITHROMYCIN	\$278,172.53	\$182,751.00	-34.30%
FLOVENT HFA	\$184,276.67	\$182,356.13	-1.04%
ACTOS	\$189,044.21	\$181,912.77	-3.77%
SYMBICORT	\$177,045.68	\$178,805.76	0.99%
QUETIAPINE FUMARATE	\$1,392.47	\$164,706.71	11,728.38%
HUMALOG	\$163,076.08	\$160,190.92	-1.77%
DEXILANT	\$145,986.14	\$147,348.04	0.93%
ENBREL	\$121,888.75	\$146,845.47	20.47%
ENBREL SURECLICK	\$114,910.63	\$146,828.93	27.78%
ACTHAR HP	\$198,424.52	\$144,565.63	-27.14%
VESICARE	\$142,042.69	\$141,768.94	-0.19%
CEFdinIR	\$227,381.54	\$140,310.52	-38.29%
VENTOLIN HFA	\$154,241.69	\$139,312.05	-9.68%
TOPAMAX	\$144,798.28	\$137,952.76	-4.73%
OXYCONTIN	\$148,182.40	\$134,714.98	-9.09%
QVAR	\$136,991.46	\$132,524.93	-3.26%
REBIF	\$109,398.22	\$132,040.23	20.70%
PEGASYS	\$110,746.35	\$125,512.53	13.33%
DEXEDRINE	\$122,849.80	\$121,360.06	-1.21%
PULMOZYME	\$109,152.45	\$120,492.82	10.39%
HUMIRA PEN	\$118,528.89	\$120,440.61	1.61%
PROVIGIL	\$125,740.37	\$117,813.13	-6.30%
HUMIRA	\$97,116.37	\$116,242.07	19.69%
RISPERIDONE	\$117,765.20	\$115,848.12	-1.63%
EXJADE	\$104,372.25	\$114,725.69	9.92%
ATRIPLA	\$103,719.85	\$114,220.30	10.12%
GABAPENTIN	\$114,493.41	\$113,596.59	-0.78%
SEROQUEL XR	\$119,347.48	\$110,251.12	-7.62%
LANTUS SOLOSTAR	\$96,853.11	\$109,735.89	13.30%
GENOTROPIN MINIQUEICK	\$114,558.02	\$106,936.99	-6.65%
KEPPRA	\$112,504.38	\$106,498.25	-5.34%
TOBI	\$104,179.75	\$103,807.54	-0.36%
NOVOLOG FLEXPEN	\$93,661.47	\$102,949.02	9.92%
GAMUNEX-C	\$115,200.21	\$99,550.67	-13.58%
FLUTICASONE PROPIONATE	\$111,952.88	\$99,399.41	-11.21%
PERMETHRIN	\$107,458.19	\$98,731.64	-8.12%
LYRICA	\$95,076.10	\$98,667.83	3.78%
AMOXICILLIN	\$146,481.77	\$96,007.63	-34.46%
NAGLAZYME	\$122,105.19	\$95,059.66	-22.15%
KUVAN	\$86,576.10	\$93,946.80	8.51%

VIMPAT	\$95,034.24	\$93,400.52	-1.72%
BETASERON	\$84,839.84	\$91,909.66	8.33%
FELBATOL	\$93,897.18	\$90,880.75	-3.21%
XIFAXAN	\$77,837.98	\$89,689.02	15.23%
HEMOFIL M	\$86,852.34	\$89,685.02	3.26%
GILENYA	\$80,041.60	\$88,045.76	10.00%
SAPHRIS	\$82,515.35	\$87,784.94	6.39%
NUVARING	\$81,324.40	\$87,684.19	7.82%
RECOMBINATE	\$38,972.21	\$87,072.26	123.42%
LUPRON DEPOT-PED	\$65,038.10	\$87,045.53	33.84%
INTUNIV	\$86,717.93	\$85,787.43	-1.07%
HUMATE-P	\$92,161.30	\$85,484.11	-7.25%
METADATE CD	\$105,075.19	\$85,268.45	-18.85%
GLEEVEC	\$103,222.96	\$84,082.65	-18.54%
ELAPRASE	\$83,768.68	\$83,768.68	0.00%
CREON	\$71,800.25	\$82,869.83	15.42%
DAYTRANA	\$96,380.43	\$82,825.55	-14.06%
TRILEPTAL	\$81,864.82	\$82,129.52	0.32%
BUPROPION HCL XL	\$83,031.76	\$81,629.55	-1.69%
LAMICTAL	\$82,664.02	\$81,471.17	-1.44%
MAXALT-MLT	\$76,987.74	\$80,692.56	4.81%
ZETIA	\$79,384.18	\$80,545.72	1.46%
DEPAKOTE SPRINKLES	\$79,354.83	\$79,399.71	0.06%
LORAZEPAM	\$76,593.82	\$77,559.33	1.26%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count March/April 2012	Prescription Count May/June 2012	Percent Change
Loratadine Tab 10 MG	10,335	10,307	-0.27%
HYDROCO/APAP TAB 5-500MG	8,058	7,460	-7.42%
PROAIR HFA AER	8,283	7,457	-9.97%
TRAMADOL HCL TAB 50MG	6,341	6,547	3.25%
LORAZEPAM TAB 0.5MG	6,414	6,487	1.14%
RANITIDINE TAB 150MG	5,869	5,803	-1.12%
Acetaminophen Tab 325 MG	5,695	5,717	0.39%
CLONIDINE TAB 0.1MG	5,766	5,557	-3.62%
HYDROCO/APAP TAB 5-325MG	5,056	5,523	9.24%
LORAZEPAM TAB 1MG	5,454	5,485	0.57%
CLONAZEPAM TAB 1MG	5,522	5,444	-1.41%
CLONAZEPAM TAB 0.5MG	5,300	5,332	0.60%
Aspirin Tab Delayed Release 81 MG	5,194	5,239	0.87%
Cetirizine HCl Tab 10 MG	5,003	5,152	2.98%
FLUOXETINE CAP 20MG	5,232	5,152	-1.53%
AMOXICILLIN SUS 400/5ML	7,940	5,123	-35.48%
LEXAPRO TAB 20MG	5,261	5,111	-2.85%
CYCLOBENZAPR TAB 10MG	4,798	4,814	0.33%
GUANFACINE TAB 1MG	4,947	4,764	-3.70%
ALPRAZOLAM TAB 0.5MG	4,766	4,660	-2.22%
AZITHROMYCIN TAB 250MG	6,676	4,649	-30.36%
AZITHROMYCIN SUS 200/5ML	7,408	4,635	-37.43%
ALPRAZOLAM TAB 1MG	4,490	4,514	0.53%
ALBUTEROL NEB 0.083%	6,721	4,408	-34.41%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,310	4,253	-1.32%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,214	4,183	-0.74%
SINGULAIR TAB 10MG	4,110	3,988	-2.97%
IBUPROFEN TAB 800MG	3,953	3,964	0.28%
Aspirin Chew Tab 81 MG	3,943	3,856	-2.21%
SERTRALINE TAB 100MG	3,921	3,773	-3.77%
Acetaminophen Tab 500 MG	3,859	3,760	-2.57%
FLUTICASON SPR 50MCG	4,165	3,680	-11.64%
OMEPRazole CAP 20MG	3,792	3,644	-3.90%

SINGULAIR CHW 5MG	3,726	3,547	-4.80%
CONCERTA TAB 36MG	3,864	3,518	-8.95%
CEPHALEXIN CAP 500MG	3,518	3,484	-0.97%
TRAZODONE TAB 50MG	3,733	3,371	-9.70%
TRAZODONE TAB 100MG	3,356	3,266	-2.68%
AMOXICILLIN SUS 250/5ML	4,863	3,210	-33.99%
VENTOLIN HFA AER	3,441	3,137	-8.83%
SMZ/TMP DS TAB 800-160	3,137	2,988	-4.75%
FOLIC ACID TAB 1MG	2,962	2,946	-0.54%
CITALOPRAM TAB 20MG	3,353	2,918	-12.97%
OXYCOD/APAP TAB 5-325MG	2,766	2,828	2.24%
GABAPENTIN CAP 300MG	2,690	2,762	2.68%
AMOXICILLIN CAP 500MG	3,901	2,741	-29.74%
ALPRAZOLAM TAB 0.25MG	2,782	2,670	-4.03%
RISPERIDONE TAB 1MG	2,736	2,665	-2.60%
CONCERTA TAB 54MG	2,848	2,569	-9.80%
METFORMIN TAB 500MG	2,577	2,568	-0.35%
PREDNISONE TAB 20MG	2,617	2,538	-3.02%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	2,456	2,516	2.44%
VYVANSE CAP 30MG	2,777	2,486	-10.48%
SINGULAIR CHW 4MG	2,679	2,484	-7.28%
CITALOPRAM TAB 40MG	2,567	2,454	-4.40%
SERTRALINE TAB 50MG	2,592	2,366	-8.72%
ZOLPIDEM TAB 10MG	2,473	2,366	-4.33%
LANTUS INJ 100/ML	2,350	2,362	0.51%
RISPERIDONE TAB 0.5MG	2,377	2,319	-2.44%
PREDNISOLONE SOL 15MG/5ML	4,784	2,277	-52.40%
CEPHALEXIN SUS 250/5ML	2,273	2,268	-0.22%
SMZ-TMP SUS 200-40/5	2,315	2,252	-2.72%
MUPIROCIN OIN 2%	2,079	2,203	5.96%
NAPROXEN TAB 500MG	2,407	2,197	-8.72%
Loratadine Syrup 5 MG/5ML	2,536	2,184	-13.88%
Sennosides Tab 8.6 MG	2,181	2,156	-1.15%
SIMVASTATIN TAB 20MG	2,120	2,123	0.14%
VYVANSE CAP 40MG	2,343	2,119	-9.56%
OMEPRazole CAP 40MG	2,089	2,096	0.34%
HYDROCO/APAP TAB 10-325MG	2,040	2,086	2.25%
CYMBALTA CAP 60MG	2,096	2,067	-1.38%

LISINOPRIL TAB 10MG	2,061	2,055	-0.29%
HYDROCO/APAP TAB 7.5-500	2,143	2,050	-4.34%
HYDROCHLOROT TAB 25MG	2,097	2,022	-3.58%
DIAZEPAM TAB 5MG	2,007	2,009	0.10%
APAP/CODEINE TAB 300-30MG	2,086	2,007	-3.79%
SIMVASTATIN TAB 40MG	2,066	1,998	-3.29%
Aspirin Tab Delayed Release 325 MG	1,944	1,968	1.23%
METRONIDAZOL TAB 500MG	1,927	1,959	1.66%
TRIAMCINOLON CRE 0.1%	1,842	1,958	6.30%
ABILIFY TAB 5MG	1,960	1,953	-0.36%
VYVANSE CAP 50MG	2,144	1,882	-12.22%
LISINOPRIL TAB 20MG	1,889	1,869	-1.06%
FLUCONAZOLE TAB 150MG	1,835	1,859	1.31%
METFORMIN TAB 1000MG	1,804	1,812	0.44%
AZITHROMYCIN SUS 100/5ML	2,768	1,803	-34.86%
VENLAFAXINE CAP 150MG ER	1,872	1,787	-4.54%
Polyethylene Glycol 3350 Oral Powder	2,142	1,746	-18.49%
MELOXICAM TAB 15MG	1,681	1,708	1.61%
FUROSEMIDE TAB 40MG	1,696	1,705	0.53%
CEFDINIR SUS 250/5ML	2,919	1,698	-41.83%
METHYLPHENID TAB 10MG	1,891	1,696	-10.31%
BUPROPN HCL TAB 300MG XL	1,685	1,649	-2.14%
PRENATAL TAB PLUS	1,630	1,631	0.06%
PANTOPRAZOLE TAB 40MG	1,643	1,625	-1.10%
AMOX/K CLAV TAB 875MG	1,928	1,573	-18.41%
HYDROCO/APAP TAB 7.5-325	1,415	1,539	8.76%
CONCERTA TAB 27MG	1,715	1,524	-11.14%
Permethrin Lotion 1%	1,439	1,518	5.49%
VYVANSE CAP 70MG	1,622	1,517	-6.47%

Appendix M

Meeting Minutes

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes August 3, 2011

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Casey Clor, M.D. ; Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambrosion, R.Ph.; Brett Faine, Pharm.D.; Gregory Barclay, M.D.; and Susan Parker, Pharm.D.
Staff
Pam Smith, R.Ph.
Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Laureen Biczak, D.O. (via phone); and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:40 a.m. at the Learning Resource Center in West Des Moines. The minutes from the April 6, 2011 meeting were reviewed. Craig Logemann motioned to accept them, and Brett Faine seconded. The vote was unanimous. The Commission members also completed their annual conflict of interest and confidentiality forms. Dr. Schutte-Schenck nominated Dr. Graber to remain as Chairperson, and Dr. Clor seconded this motion. The vote was unanimous. Craig Logemann nominated Laurie Pestel to remain as Vice-Chair, and Dr. Schutte-Schenck seconded this motion. This decision was also unanimous.

IME Updates

The IowaCare expansion has continued as of July 1st, with 3 new FQHCs in Fort Dodge, Dubuque, and Marshalltown to act as medical home centers for members in specific counties on IowaCare. Another FQHC in Council Bluffs will be added in October, and more counties will be added to the existing medical homes. Magellan has initiated a demonstration of integrated health homes, integrating mental health care with physical health care. The legislature has finalized the budget, and it is signed by the Governor. Susan Parker acknowledged departing Commission member Rick Rinehart's service to the Commission, as well as Sandy Pranger's resignation from Iowa Medicaid. She then noted some changes that had been brought about by the Legislature. The pharmacy dispensing fee will be increasing to \$6.20, retroactively effective to August 1, 2011, pending approval from CMS. Effective September 1, 2011, a 15 day supply will be implemented on the initial fill of select drugs with high discontinuation rates. Additionally effective September 1st, the Cough and Cold PDL categories (excluding OTC payable pseudoephedrine products and dextromethorphan-guaifenesin syrup) and the Weight Loss PDL category will be removed from Medicaid coverage.

Prevalence Report Summary

Statistics for the Pharmacy Program from May and June 2011 were discussed, including: cost per user (\$251.76), number of total prescriptions dispensed (a decrease

of 8.5% compared to the previous reported period), average cost per prescription (\$59.79), and generic utilization (76.8%). The total paid amount decreased by 7.9% from the previous period. There were 152,515 unique users, which is 9.7% less than the total for March and April. Lists of the top 20 therapeutics classes were provided. Atypical Antipsychotics were the most expensive, and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. Eight of the ten most expensive medications were mental health drugs, including 3 different strengths of Abilify.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$3,845.30 pre-rebate (state and federal).

Public Comment

Speaker

Harvey Schuck from Merck

Rupa Shah from Purdue

Tammy Reeder from Taro

Susan Harrell M.D. (no manufacturer affiliation)

Lisa Willshaw from MedImmune

Lisa Borland from Vertex

Topic

HCV (*Victrelis*)

BuTrans

Ivermectin (*Ovide*)

Synagis

Synagis

HCV (*Incivek*)

Ivermectin (Stromectol) Utilization

The Commission reviewed 5 years of utilization data on ivermectin and decided no criteria change was needed at this time. Pam Smith will get more information on claims for October's meeting and this will be revisited in a year. It will also appear as a DUR Digest article.

Prior Authorization

Palivizumab (Synagis): The Commission reviewed the following prior authorization criteria, which incorporated the full 2009 AAP RSV Guidelines:

Prior authorization is required for therapy with palivizumab. Prior authorizations will be approved for a maximum of five doses per patient. No allowances will be made for a sixth dose. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD)

- Patient is less than 24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia) requiring medication (bronchodilator, corticosteroid, or diuretic therapy) or oxygen within six months before the anticipated start of RSV season.*

Prematurity

- Patient is less than 12 months of age at start of therapy with a gestational age 29 weeks.
- Patient is 12 months of age or younger at the start of therapy with a gestational age less than 35 weeks and has either severe neuromuscular disease or congenital abnormalities of the airway that compromises handling of respiratory secretions.
- Patient is less than 6 months of age at start of therapy with a gestational age of 29 weeks through 31 weeks.
- Patient is less than 3 months of age at start of therapy or born during the RSV season with a gestational age of 32 weeks through 34 weeks and has one of two risk factors. Risk factors include: day care attendance or siblings less than 5 years of age in household. Doses will be limited to a maximum of 3 doses or until patient reaches 90 days of age, whichever comes first).

Congenital Heart Disease (CHD)

- Patient is less than 24 months of age at start of therapy and has hemodynamically significant congenital heart disease further defined by any of the following: receiving medication to control congestive heart failure, moderate to severe pulmonary hypertension, or cyanotic congenital heart disease.

Severe Immunodeficiency

- Patient is less than 24 months of age at start of therapy and has severe immunodeficiencies (e.g., severe combined immunodeficiency or advanced acquired immunodeficiency syndrome).

Dr. Laureen Biczak, an Infectious Disease Specialist with GHS, presented a slide show regarding this topic. Afterward, the Commission had a lengthy discussion, but ultimately decided to accept the full 2009 AAP RSV Treatment Guidelines for the treatment of RSV. Dr. Clor made the motion, and Craig Logemann seconded. Dr. Schutte-Schenck abstained. All others were in favor, so the motion passed. The start date for the upcoming season will be November 28th, unless the RSV season begins early, at which point that could be adjusted. Epidemiology levels above 10% for two consecutive weeks (of a statistically significant sample) will signal the start of the season.

Oxycodone ER/CR (OxyContin): The Commission reviewed the prior authorization criteria as follows:

Extended release oxycodone/OxyContin® is non-preferred except for patients being treated for cancer related pain. Prior authorization at any dose twice daily for cancer related pain will be approved. For all other diagnoses, payment will be considered under the following conditions:

1. *There is documentation of previous trials and therapy failures with two (2) chemically distinct preferred long-acting narcotics (such as morphine sulfate ER and methadone) at therapeutic doses, and*
2. *A trial and therapy failure with fentanyl patch at maximum tolerated dose, and*
3. *A signed chronic opioid therapy management plan between the prescriber and patient must be included with the prior authorization.*
4. *Requests will only be considered for 12 hour dosing.*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Providers will also have to check a box on the PA form to confirm that they've checked the Iowa Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/> before prescribing OxyContin. Dr. Clor motioned to accept the revised criteria as listed above, and Brett Faine seconded. The motion passed with all in favor.

Anti-Acne: This topic was tabled until a future meeting due to time constraints.

Topical Retinoids: This topic was tabled until a future meeting due to time constraints.

Dextromethorphan/Quinidine (Nuedexta): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Nuedexta™. Payment will be considered under the following conditions:

- 1. Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS).*
- 2. A trial and therapy failure at a therapeutic dose with amitriptyline and an SSRI.*
- 3. Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Disability Scale (CNS-LS) questionnaire.*
- 4. Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.*

Dr. Graber mentioned that OTC *Delsym* is a prolonged release dextromethorphan and suggested adding it as a trial to the criteria. Pam Smith responded that *Delsym* is not currently covered. Susan Parker said it could be looked into, but the rebate status must be confirmed first. This will be brought back to the next meeting. No motion was made.

Hepatitis C Protease Inhibitors: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:

- 1. A diagnosis of hepatitis C genotype 1.*
- 2. Patient is 18 years of age or older.*
- 3. Administered in combination with peginterferon alfa and ribavirin.*
- 4. HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™). Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels. A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).*

HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™) and patient must not be a prior null responder to standard treatment. Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels. Prior authorizations will be approved for a maximum of 24, 32, or 40 weeks of therapy with boceprevir (Victrelis™) based on response.

Brett Faine motioned to accept the recommended criteria, and Dr. Schutte-Schenck seconded. The vote was unanimous.

Colchicine (Colcrys): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is not required for colchicine (Colcrys®) for the treatment of acute gout for three (3) tablets per 60-day period. Prior authorization is required for colchicine (Colcrys®) for the treatment of chronic hyperuricemia/gout prophylaxis or Familial Mediterranean fever. Payment will be considered under the following conditions:

- 1) Chronic hyperuricemia/gout prophylaxis following a trial and therapy failure at a therapeutic dose with allopurinol or probenecid. A quantity limit of sixty (60) tablets per thirty (30) days will be applied, when criteria for coverage for chronic hyperuricemia or gout prophylaxis are met.*
- 2) Familial Mediterranean fever. A maximum quantity limit of 120 tablets per thirty (30) days will be applied for this diagnosis.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Fingolimod (Gilenya): The Commission reviewed the prior authorization criteria as follows:

A prior authorization is required for Gilenya™. Payment will be considered under the following conditions:

- 1. A diagnosis of relapsing forms of multiple sclerosis, AND*
- 2. A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.*

The required trial may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Public Comment

There were no public comments provided.

Focus Studies

Duplicate Antihistamines: This topic was tabled until a future meeting due to time constraints.

Valproate Use in Females of Childbearing Age: This topic was tabled until a future meeting due to time constraints.

Treatment of Bipolar Depression: As requested at the April Commission meeting, a search was run in the members' claims histories for any hospitalizations for members not on a mood stabilizer or antipsychotic over a two year time span. After reviewing the results, the members decided to contact the prescribers of the members who are being treated with an antidepressant and not a mood stabilizer or antipsychotic for bipolar depression.

PPI Use in Patients with Liver Dysfunction: This topic will be addressed in a future DUR Digest article.

Topiramate Use in Females of Childbearing Age: The prescribers of the 290 members who are using topiramate without effective contraception (for all diagnoses) will be contacted, to ensure that the provider has counseled the member on the increased risk of oral clefts in infants who are exposed to topiramate during the first trimester of pregnancy, and request that a safer alternative be selected or that an oral contraceptive or other contraceptive method be added if the member is to continue on topiramate.

Miscellaneous

DUR Digest: The Commission members offered changes and additions to the draft for DUR Digest Volume 24, Number 1.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since April.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 12:35 to adjourn the meeting and move to closed session (1st by Craig Logemann, 2nd by Larry Ambrosion).

The next meeting will be held at 9:30 a.m. on Wednesday, October 5, 2011 at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes October 5, 2011

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Casey Clor, M.D. ; Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambrosion, R.Ph.; Brett Faine, Pharm.D.; Gregory Barclay, M.D.; and Susan Parker, Pharm.D.
Staff
Pam Smith, R.Ph.
Guests
Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:36 a.m. at the Learning Resource Center in West Des Moines. The minutes from the August 3, 2011 meeting were reviewed. Dr. Schutte-Schenck motioned to accept them, and Dr. Clor seconded. The vote was unanimous.

IME Updates

Iowa is participating in a multi-state study through the Center for Healthcare Strategies, which is aiming to reduce disparities and improve the level of care provided to women and children enrolled in Medicaid and Hawk-I. Program Integrity initiatives have saved \$23 million in the last year. House File 649 requires DHS to come up with a replacement for AWP reimbursement, which was eliminated on September 29, 2011 by First Data Bank. A public meeting is scheduled for October 25th in Capitol Room 116 to discuss this issue. This will be posted on the www.iowamedicaidpdl.com website on the Latest News page, and an email has been sent to the various manufacturers and other entities involved. An information letter will also be going out to providers. A recommendation is due to the legislature by December 15, 2011. The POS RFP proposals are in, and oral presentations scheduled. Awards should be announced in December. Pam Smith read through the public comment policy, specifically concerning the new addition of a deadline; this is posted on the www.iadur.org website.

Prevalence Report Summary

Statistics from July through August 2011 were discussed, including: cost per user (\$258.77), number of total prescriptions dispensed (a decrease of 2.3% compared to the previous reporting period), average cost per prescription (\$60.99), and generic utilization (76.7%). The total paid amount decreased by 0.8% from the previous reporting period. There were 149,038 unique users, which is 2.4% less than the total for May and June. Lists of the top 20 therapeutics classes were provided. Atypical Antipsychotics were the most expensive, and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came

in second. The top 100 drugs were also reviewed. Eight of the ten most expensive medications were mental health drugs, including 3 different strengths of Abilify.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$1,327.73 pre-rebate (state and federal).

Public Comment

Speaker

Felicia Williams from Merck
Karen Loihl from the IA Psych Society
Susan Harrell (no manufacturer affiliation)
Jeremy Franklin from MedImmune

Topic

Januvia
15 Days Supply List
Synagis
Synagis

Ivermectin (Stromectol) Utilization

At the last meeting, the Commission had asked if the claims data provided included topical compounds in addition to oral ivermectin. There was only one claim that was submitted as a compound over the 5-year span, but it's possible that they billed for the ivermectin and then compounded after the fact, as pharmacies are not reimbursed for the other excipients that go into the compound. Utilization will be monitored, and there will also be a DUR Digest article with regards to the treatment of head lice.

Prior Authorization

Annual Review of PA Criteria: The Commission would like to re-evaluate PA criteria for the following categories: Angiotensin Receptor Blockers, Antihistamines, DPP-4 Inhibitors, Erythropoiesis Stimulating Agents, Nicotine Replacement Therapy, and Sedative/Hypnotics-Non-Benzodiazepines. Larry Ambroson motioned that these categories be addressed at upcoming meetings, and Brett Faine seconded. All members were in favor of the motion.

Nicotine Replacement Therapy: The Commission reviewed quantity limits for the addition of nicotine nasal spray and nicotine inhaler to the list of covered products. The added criteria are as follows:

Requests for non-preferred nicotine replacement products will be considered after documentation of previous trials and intolerance with a preferred oral and preferred topical nicotine replacement product. A maximum quantity of 168 nicotine inhalers or 40ml of nicotine nasal spray may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4-week supply at 336 nicotine inhalers or 80ml of nicotine nasal spray.

Larry Ambroson motioned to accept the above criteria, and Brett Faine seconded. The decision was unanimous.

AntiAcne: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for all prescription topical acne products. Payment for the treatment of mild to moderate acne vulgaris will be considered under the following conditions:

- 1. Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, which is covered by the program without prior authorization.*
- 2. Payment for non-preferred topical acne products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred topical agents of a different chemical entity.*
- 3. If the patient presents with a preponderance of comedonal acne, topical retinoid products may be utilized as first line agents with prior authorization (see Topical Retinoids PA form).*
- 4. Requests for non-preferred combination products may only be considered after documented separate trials and therapy failures with the individual ingredients.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Brett Faine motioned to accept the above criteria, and Craig Logemann seconded. The decision was unanimous.

Topical Retinoids: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for all prescription topical retinoid products. Payment for prescription topical retinoid products will be considered under the following conditions:

- 1. Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, AND*
- 2. Previous trials and therapy failures with two topical and/or oral antibiotics for the treatment of mild to moderate acne (non-inflammatory and inflammatory), and drug-induced acne.*
- 3. Payment for non-preferred topical retinoid products will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.*
- 4. Trials and therapy failure will not be required for those patients presenting with a preponderance of comedonal acne.*
- 5. Skin cancer, lamellar ichthyosis, and Darier's disease diagnoses will receive automatic approval for lifetime use of topical retinoid products.*
- 6. Requests for non-preferred combination products may only be considered after documentation of separate trials and therapy failures with the individual ingredients.*
- 7. Requests for Tazorac for a psoriasis diagnosis may only be considered after documentation of a previous trial and therapy failure with a preferred topical antipsoriatic agent.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Brett Faine motioned to accept the above criteria, and Larry Ambrosion seconded. The decision was unanimous.

Dextromethorphan/Quinidine (Nuedexta): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Nuedexta™. Payment will be considered under the following conditions:

- 1. Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS).*
- 2. A trial and therapy failure at a therapeutic dose with amitriptyline and an SSRI.*
- 3. Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Lability Scale (CNS-LS) questionnaire.*
- 4. Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.*

Dr. Clor motioned to accept the above criteria, and Dr. Schutte-Schenck seconded. The decision was unanimous.

Roflumilast (Daliresp): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for roflumilast (Daliresp). Payment will be considered for patients 18 years of age or older when the following is met:

- 1. A diagnosis of severe COPD with chronic bronchitis as documented by spirometry results, and*
- 2. A smoking history of ≥ 20 pack-years, and*
- 3. Currently on long-acting bronchodilator in combination with an inhaled corticosteroid with documentation of inadequate control of symptoms, and*
- 4. A history of at least one exacerbation in the past year requiring treatment with oral glucocorticosteroids.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dr. Clor motioned to accept the above criteria, and Brett Faine seconded. The decision was unanimous.

Palivizumab (Synagis): The Commission reviewed the following prior authorization criteria, which incorporated the full 2009 AAP RSV Guidelines:

Prior authorization is required for therapy with palivizumab. Prior authorizations will be approved for a maximum of five doses per patient. No allowances will be made for a sixth dose. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD)

- Patient is less than 24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia) requiring medication (bronchodilator, corticosteroid, or diuretic therapy) or oxygen within six months before the anticipated start of RSV season.*

Prematurity

- Patient is less than 12 months of age at start of therapy with a gestational age less than 29 weeks.*
- Patient is less than 6 months of age at start of therapy with a gestational age of 29 weeks through 31 weeks.*

- *Patient is less than 3 months of age at start of therapy or born during the RSV season with a gestational age of 32 weeks through 34 weeks and has one of two risk factors. Risk factors include: day care attendance or siblings less than 5 years of age in household. Doses will be limited to a maximum of 3 doses or until patient reaches 90 days of age, whichever comes first.*

Severe Neuromuscular Disease or Congenital Abnormalities

- *Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital abnormalities of the airway that compromises handling of respiratory secretions.*

Congenital Heart Disease (CHD)

- *Patient is less than 24 months of age at start of therapy and has hemodynamically significant congenital heart disease further defined by any of the following: receiving medication to control congestive heart failure, moderate to severe pulmonary hypertension, or cyanotic congenital heart disease.*

Severe Immunodeficiency

- *Patient is less than 24 months of age at start of therapy and has severe immunodeficiencies (e.g., severe combined immunodeficiency or advanced acquired immunodeficiency syndrome).*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Oxycodone ER/CR (OxyContin): The Commission reviewed the prior authorization criteria as follows:

Extended release oxycodone/OxyContin® is non-preferred except for patients being treated for cancer related pain. Prior authorization at any dose twice daily for cancer related pain will be approved. For all other diagnoses, payment will be considered under the following conditions:

- 1. There is documentation of previous trials and therapy failures with two (2) chemically distinct preferred long-acting narcotics (such as morphine sulfate ER and methadone) at therapeutic doses, and*
- 2. A trial and therapy failure with fentanyl patch at maximum tolerated dose, and*
- 3. A signed chronic opioid therapy management plan between the prescriber and patient must be included with the prior authorization.*
- 4. Requests will only be considered for 12 hour dosing.*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. However, a previously published DUR Digest article outlining proper methadone dosing and guidelines will be referenced on the PA form.

Hepatitis C Protease Inhibitors: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:

- 1. A diagnosis of hepatitis C genotype 1.*

2. *Patient is 18 years of age or older.*
3. *Administered in combination with peginterferon alfa and ribavirin.*
4. *HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™). Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels. A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).*

HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™) and patient must not be a prior null responder to standard treatment. Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels. Prior authorizations will be approved for a maximum of 24, 32, or 40 weeks of therapy with boceprevir (Victrelis™) based on response.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Public Comment

Speaker

Leah McWilliams from IOMA

Topic

OxyContin and the methadone trial

Focus Studies

Duplicate Antihistamines: This was a follow-up discussion, and the Commission had no further comments.

Valproate Use in Females of Childbearing Age: This was a follow-up discussion, and the Commission had no further comments.

Multiple Concurrent Anticonvulsants: This was a follow-up discussion, and the Commission had no further comments.

Members with CHF: This was a follow-up discussion, and the Commission had no further comments.

Members Using Clopidogrel: This was a follow-up discussion, and the Commission had no further comments.

Initial Treatment with Multiple Antidepressants: This topic will be addressed in a future DUR Digest article.

Effective Use of Oral Antidiabetic Medications to Achieve A1C Goals: Dr. Graber noted that control cannot be established in two months, as hemoglobin doesn't stabilize for three months. The Commission believes this to be a non-issue, and no action will be taken at this time.

Potential Complications with Daily Aspirin Regimen: Letters will be sent to the prescribers of the members with heart disease or cerebrovascular disease taking daily aspirin with ibuprofen or naproxen informing them that the cardioprotective benefits of

aspirin may be reduced. Letters will also be sent to the prescribers of the members who are taking daily aspirin and NSAIDs who also have a GERD or PUD diagnosis. This topic will be addressed as a DUR Digest article, as well. In addition, it was requested that the claim profiles of the members identified as combining a daily aspirin regimen with ibuprofen or naproxen be checked for chronic use.

Miscellaneous

DUR Digest: The Commission members offered changes and additions to the draft for DUR Digest Volume 24, Number 1.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since July.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:30 to adjourn the meeting and move to closed session (motion by Brett Faine).

The next meeting will be held at 9:30 a.m. on Wednesday, December 7, 2011 at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes December 7, 2011

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Casey Clor, M.D. ; Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; Gregory Barclay, M.D.; and Susan Parker, Pharm.D.
Staff
Pam Smith, R.Ph.
Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:33 a.m. at the Learning Resource Center in West Des Moines. The minutes from the October 5, 2011 meeting were reviewed. Craig Logemann motioned to accept them, and Dr. Clor seconded. The vote was unanimous.

IME Updates

Iowa is participating in a multi-state study through the Center for Healthcare Strategies for the analysis of high volume Medicaid obstetric and pediatric practices, which is aiming to reduce disparities in the quality of care for women and children enrolled in the Medicaid and Hawk-I programs. Input is being gathered from providers and stakeholders in regards to the Health Home model brought about by the Affordable Care Act, and the SPA should be ready by the end of the year. The State-mandated Mental Health and Disability Services Redesign Workgroup has finished up their initial recommendations, and had a wrap-up meeting on November 30th. On December 5th the Department announced that the POS operations contract had been awarded to Goold Health Systems and the MMIS Core operations contract to Accenture LLP.

Prevalence Report Summary

Statistics from September through October 2011 were discussed, including: cost per user (\$242.42), number of total prescriptions dispensed (an increase of 6.9% compared to the previous reporting period), average cost per prescription (\$58.25), and generic utilization (77.0%). The total paid amount increased by 2.2% from the previous reporting period. There were 162,778 unique users, which is 9.1% more than the total for July and August. Lists of the top 20 therapeutics classes were provided. Atypical Antipsychotics were the most expensive, and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. Eight of the ten most expensive medications were mental health drugs, including 3 different strengths of Abilify.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$17,153.36 pre-rebate (state and federal).

Sucralfate (Carafate) Utilization

Sucralfate suspension has been used off-label for the treatment of chemotherapy and radiotherapy induced mucositis in cancer patients, though clinical trials have not documented significant clinical benefit over placebo. Currently, sucralfate tablets and Carafate suspension are preferred on the PDL, and not subject to any edits, averaging 85 to 95 prescriptions per month, at a cost to the state of \$9,000 to \$11,000. The cost of Carafate suspension per dose is almost 10 times greater than the cost of sucralfate tablets. Larry Ambrosion noted that the tablets dissolve easily, though they do cake so the compound must be used quickly after being shaken. Dr. Clor motioned to recommend that the P&T Committee make Carafate suspension non-preferred, and Larry Ambrosion seconded. All members were in favor. Also, Pam Smith will run a claim query to see how many members are taking PPIs or H2 Blockers concurrently with sucralfate, and letters will be sent to the corresponding prescribers. Dr. Graber would like to have the Commission develop PA criteria which would allow Carafate suspension to be used for esophagitis.

Public Comment

There were no public comments.

Lost, Stolen, Destroyed Medication Overrides

Currently, Iowa Medicaid considers requests for lost, stolen, and destroyed medications without limitation, which cost the program an additional \$36,237 from July through September, but many other Medicaid programs limit these overrides. The Commission discussed the possibility of doing this for Iowa, at least on the controlled medications, or possibly creating a prior authorization form. A police report (or at least the number) is already required for a stolen medication to be overridden. Pam Smith is going to request an annual report of these overrides so that the Commission can re-evaluate this issue at the next meeting. There were no members with repeated overrides in the 3 months of data they had been provided, but they felt a longer time frame would be more helpful.

ProDUR Edits

Sinecatechins (Veregen): ProDUR edits will be put in place limiting use to those 18 years of age and older, at a quantity of no more than 15 grams per 18 days, for a duration of no more than 16 weeks. Dr. Clor motioned to accept the recommended edits, and Brett Faine seconded. The motion passed with all in favor.

Letrozole (Femara): A ProDUR edit will be put in place limiting use to those over 50 years of age to prevent off-label use for ovulation induction and delayed puberty. However, members less than 50 years of age may obtain a prior authorization for FDA

labeled indications. Larry Ambrosion motioned to accept the recommended edit, and Dr. Clor seconded. The vote was unanimous.

Prior Authorization

Nebivolol (Bystolic): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Bystolic®. Payment will be considered in cases where there are documented trials and therapy failures with two preferred cardio-selective beta-blockers of a different chemical entity at a therapeutic dose. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Larry Ambrosion motioned to accept these adjusted criteria, and Brett Faine seconded. The motion passed with no objections.

Vilazodone (Viibryd): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Viibryd™. Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered for patients when the following criteria are met:

- 1. The patient has a diagnosis of Major Depressive Disorder (MDD) and is 18 years of age or older; and*
- 2. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SSRI; and*
- 3. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SNRI; and*
- 4. Documentation of a previous trial and therapy failure at a therapeutic dose with one generic antidepressant from any class.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Brett Faine motioned to accept these modified criteria, and Dr. Barclay seconded. The motion passed with no objections.

AntiAcne: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for all prescription topical acne products. Payment for the treatment of mild to moderate acne vulgaris will be considered under the following conditions:

- 1. Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, which is covered by the program without prior authorization.*
- 2. Payment for non-preferred topical acne products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred topical agents of a different chemical entity.*
- 3. If the patient presents with a preponderance of comedonal acne, topical retinoid products may be utilized as first line agents with prior authorization (see Topical Retinoids PA form).*

4. *Requests for non-preferred combination products may only be considered after documented separate trials and therapy failures with the individual ingredients. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Topical Retinoids: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for all prescription topical retinoid products. Payment for prescription topical retinoid products will be considered under the following conditions:

1. *Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, AND*
2. *Previous trials and therapy failures with two topical and/or oral antibiotics for the treatment of mild to moderate acne (non-inflammatory and inflammatory), and drug-induced acne.*
3. *Payment for non-preferred topical retinoid products will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.*
4. *Trials and therapy failure will not be required for those patients presenting with a preponderance of comedonal acne.*
5. *Skin cancer, lamellar ichthyosis, and Darier's disease diagnoses will receive automatic approval for lifetime use of topical retinoid products.*
6. *Requests for non-preferred combination products may only be considered after documentation of separate trials and therapy failures with the individual ingredients.*
7. *Requests for Tazorac for a psoriasis diagnosis may only be considered after documentation of a previous trial and therapy failure with a preferred topical antipsoriatic agent.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Dextromethorphan/Quinidine (Nuedexta): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Nuedexta™. Payment will be considered under the following conditions:

1. *Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS).*
2. *A trial and therapy failure at a therapeutic dose with amitriptyline and an SSRI.*
3. *Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Lablity Scale (CNS-LS) questionnaire.*
4. *Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Roflumilast (Daliresp): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for roflumilast (Daliresp). Payment will be considered for patients 18 years of age or older when the following is met:

- 1. A diagnosis of severe COPD with chronic bronchitis as documented by spirometry results, and*
- 2. A smoking history of ≥ 20 pack-years, and*
- 3. Currently on long-acting bronchodilator in combination with an inhaled corticosteroid with documentation of inadequate control of symptoms, and*
- 4. A history of at least one exacerbation in the past year requiring treatment with oral glucocorticosteroids.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Psychotropic Medications in Children

The Commission reviewed a letter from CMS (The Department of Health and Human Services) that had been sent out at the end of November regarding this topic. To date, there have been limited studies for the use of these medications in children. A claim inquiry will be run, and the diagnoses and provider information brought back to the February meeting. The Commission hopes to identify any prescriber trends and poly-pharmacy issues, along with off-label use. Should the findings warrant action, intervention letters or educational releases might be done in the future. They also wish to compare medications of foster care children residing in a care facility to those of foster care children not in a care facility. Age edits based on FDA regulations may be an option as well. Commission members were also given a copy of the Atypical Antipsychotic Tip Sheet for Pediatric Use used by Kansas Medicaid as a reference.

Public Comment

There were no public comments.

Focus Studies

Chronic Mupirocin: This was a follow-up discussion, and the Commission had no further comments.

Chronic Triptans: This was a follow-up discussion, and the Commission had no further comments.

Chronic Use of Skeletal Muscle Relaxants: Letters will be sent to the prescribers of members who have used skeletal muscle relaxants for more than 61 days to request that they re-evaluate the need for it. Letters will also be sent for the 101 members

identified as using more than one muscle relaxant between 7/1/11 and 9/30/11. Baclofen and tizanidine will be excluded from the search parameters.

High Dose Citalopram: Letters will be sent to the prescribers of the members identified as using citalopram (even those at a dosage less than 40mg per day), who have a past medical history of abnormal heart rhythms, recommending use of an alternative, preferred SSRI instead. Claim data will be re-run to use the November claims prior to this mailing, and results brought back to the next meeting for follow-up.

Quetiapine and QT Prolongation: Letters will be sent to the prescribers of the members identified as using quetiapine in combination with ziprasidone that could prolong the QT interval. This topic, with an additional piece about the use of duplicate antipsychotics in general, will also appear as a DUR Digest article.

Simvastatin High Dose and Drug Interactions: Letters will be sent to the prescribers of the members identified as having possible drug-drug interactions with simvastatin (after removing those on antibiotics), as well as to those members who'd been on it for less than a year, and this topic will appear in the DUR Digest. A quantity limit of 40mg of simvastatin per day was suggested as well. There are already quantity limits on the lower strengths, so members would be unable to take multiples of them and achieve 80mg per day. The Commission also recommended that the 80mg strength of simvastatin be made non-preferred, with a caveat that members who had been on it over a year, and thus less likely to develop myopathy, could be grandfathered.

Miscellaneous

DUR Digest: The Commission members offered changes and additions to the draft for DUR Digest Volume 24, Number 2.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since September.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 12:01 to adjourn the meeting and move to closed session (motion by Dr. Clor, second by Larry Ambroson).

The next meeting will be held at 9:30 a.m. on Wednesday, February 1, 2012 at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes February 1, 2012

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Casey Clor, M.D. ; Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambrosion, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Pam Smith, R.Ph.

Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:32 a.m. at the Learning Resource Center in West Des Moines. The minutes from the December 7, 2011 meeting were reviewed. Dr. Schutte-Schenck motioned to accept them, and Dr. Clor seconded. The vote was unanimous.

IME Updates

Iowa is participating in a multi-state study through the Center for Healthcare Strategies for the analysis of high volume Medicaid obstetric and pediatric practices, which is aiming to reduce disparities in the quality of care for women and children enrolled in the Medicaid and Hawk-I programs. The Hawk-I data is being excluded due to limitations from the CHCS study, but the Medicaid data is in the process of being collected. While this will provide an idea of what's going on in Iowa, the excluded data will result in limited ability to compare those findings to those of other states. Finishing touches are being put on the Health Home model brought about by the Affordable Care Act, and the program has a tentative start date of July 1, 2012. The State-mandated Mental Health and Disability Services Redesign Workgroup has submitted their finalized plans, and the recommendation from the Department of Human Services (DHS) based upon this plan involves specifying some basic services, new critical core services based on best practices, clear accountability in terms of management and structure, and a locus of responsibility and administrative efficiencies, along with addressing the current funding complexities and strategies. The Iowa Health Information Network had its kick-off on January 20th; messaging functions for enrolling practitioners will roll-out mid-year. It is hoped to have the ability to gather measures data across populations and providers, specifically for Medicaid for use in Health Homes or other programs, by the end of the year. House File 649 requires DHS to come up with a replacement for AWP reimbursement, which was eliminated by First Data Bank on September 29, 2011, while MediSpan continues to carry. DHS provided a report to the Legislative Services Agency in December 2011; it is now posted on the website. The recommendation was to go with an average acquisition cost, and to do a cost of dispensing survey to establish the

appropriate dispensing fee. Additionally, notification has been sent to entities involved during development of the report for their input. A response has not yet been received from the legislature. CMS just released a 200-page regulation document, out for comment until April 2nd, which incorporates a lot of the Affordable Care Act changes. Susan Parker offered to send a link to the document to anyone interested in reading or commenting on it. There is currently an outstanding State Plan Amendment to increase the dispensing fee. Commission members were provided a copy of a report based on CMS data ranking states by cost per prescription and generic utilization rate; Iowa's cost was the fifth lowest, while other states that had a higher generic utilization rate actually had higher costs. A letter from Senator Charles Grassley regarding the top ten prescribers of select pain management and mental health drugs was also reviewed. Several departments at the IME are working together to provide answers to the questions posed within this letter. Data from 2010 and 2011 is currently in the process of being collected for comparison to the 2008 and 2009 stats provided to Senator Grassley. This information will be brought back to a future meeting, and emailed to the Commission members, once the final response has been generated.

Prevalence Report Summary

Statistics from November and December 2011 were discussed, including: cost per user (\$255.41), number of total prescriptions dispensed (a decrease of 0.8% compared to the previous reporting period), average cost per prescription (\$61.43), and generic utilization (77.5%). The total paid amount increased by 4.2% from the previous reporting period. There were 161,939 unique users, which is 0.6% less than the total for September and October 2011. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive, and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. Eight of the ten most expensive medications were mental health drugs.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$6,284.61 pre-rebate (state and federal).

Public Comment

There were no public comments.

Lost, Stolen, Destroyed Medication Overrides

Currently, Iowa Medicaid considers requests for lost, stolen, and destroyed medications without limitation, which cost the program an additional \$154,620 from July through September 2011, but many other Medicaid programs limit these overrides. The Commission discussed the possibility of doing this for Iowa, at least on the controlled substance medications, and creating a prior authorization form. A detailed review of the 2,003 overrides given during that time frame found 163 overrides for benzodiazepines, 182 overrides for stimulants, and 113 overrides for opioids. Overrides for liquid medications, specifically reconstitutable antibiotics, are common as well. Although reasoning is provided at the time the override is given, it has not been tracked up to this point. However, this will be done moving forward. The Commission wishes to change

the current policy, and only allow an override once per year per medication, for non-controlled substances. No allowances will be given for controlled substances or tramadol products. A prior authorization form will be created for those wishing to request an additional override.

ProDUR Edits

Pseudoephedrine: ProDUR edits will be put in place limiting use to a quantity of no more than 72 tablets (both 30mg and 60mg) or 240ml of the payable liquid, per 30 days, for up to 90 days per rolling 12-months. Additionally, letters will be sent to the prescribers of those members identified as using pseudoephedrine on a regular basis (240 tablets per month).

Dextromethorphan/guaifenesin: A ProDUR edit will be put in place limiting use to a quantity of no more than 240ml per 30 days, for up to 90 days per rolling 12-months.

Sucralfate: A ProDUR edit will be put in place limiting use to a quantity of no more than 120 tablets (4 grams per day) per 30 days, for up to 60 days per rolling 12-months. Also, after a cumulative 60 days of therapy at 4 grams per day, a quantity limit of 60 tablets (2 grams per day) per 30 days will be applied.

Second Generation Antipsychotics: The Commission reviewed Second Generation Antipsychotics and the FDA-approved uses for children and adolescents. Additionally, information on what other states are doing to control the use of these medications in this population was provided. The Commission reviewed a handout provided by Dr. Wadle comparing antipsychotic utilization in foster care children enrolled in the Iowa Plan to the published population from a “Mid-Atlantic” state in the November 2011 *Pediatrics* journal. The Commission decided to place ProDUR edits to prevent new starts of atypical antipsychotics in members less than 6 years of age, in addition to potentially blocking duplicate therapy for members less than 18 years of age at the point-of-sale. Additional data will be brought to a future meeting. This topic will also be referred to the Mental Health Advisory Group.

Prior Authorization

Erythropoiesis Stimulating Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for erythropoiesis stimulating agents prescribed for outpatients for the treatment of anemia. Payment for non-preferred erythropoiesis stimulating agents will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.

Patients who meet all of the following criteria may receive prior authorization for the use of erythropoiesis stimulating agents:

- 1. Hemoglobin less than 10g/dL. If renewal of prior authorization is being requested, a hemoglobin less than 11g/dL (or less than 10g/dL for patients with Chronic Kidney Disease (CKD) not on dialysis) will be required for continued treatment. Hemoglobin*

laboratory values must be dated within four weeks of the prior authorization request.

2. *Transferrin saturation greater than or equal to 20 percent (transferrin saturation is calculated by dividing serum iron by the total iron binding capacity), ferritin levels greater than or equal to 100 mg/ml, or on concurrent therapeutic iron therapy. Transferrin saturation or ferritin levels must be dated within three months of the prior authorization request.*
3. *For HIV-infected patients, the endogenous serum erythropoietin level must be less than or equal to 500 mU/ml to initiate therapy.*
4. *No evidence of untreated GI bleeding, hemolysis, or Vitamin B-12, iron or folate deficiency.*

Dr. Shutte-Schenck motioned to accept the revised criteria, and Dr. Clor seconded. The motion passed with no objections. The proposed criteria will be forwarded to the special interest groups for their comment and be brought back to the next meeting.

Benzodiazepines: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for non-preferred benzodiazepines. Payment for non-preferred benzodiazepines will be authorized in cases with documentation of previous trial and therapy failure with two preferred products. Requests for clobazam (ONFI) will be considered for a diagnosis of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age and older when used as an adjunctive treatment. Prior authorization will be approved for up to 12 months for documented:

1. *Generalized anxiety disorder.*
2. *Panic attack with or without agoraphobia.*
3. *Seizure.*
4. *Non-progressive motor disorder.*
5. *Dystonia.*

If a long-acting medication is requested, one of the therapeutic trials must include the immediate release form of the requested benzodiazepine.

Prior authorization requests will be approved for up to a three-month period for all other diagnoses related to the use of benzodiazepines.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Craig Logemann motioned to accept the criteria, and Larry Ambroson seconded. The motion passed with no objections. Additionally, a quantity limit of 60 tablets per 30 days will be put in place. The proposed criteria will be forwarded to the special interest groups for their comment and be brought back to the next meeting.

Nebivolol (Bystolic): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Bystolic®. Payment will be considered in cases where there are documented trials and therapy failures with two preferred cardio-selective beta-blockers of a different chemical entity at a therapeutic dose. The required trials

may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. The criteria will be sent to DHS for their consideration and implementation.

Vilazodone (Viibryd): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Viibryd™. Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered for patients when the following criteria are met:

- 1. The patient has a diagnosis of Major Depressive Disorder (MDD) and is 18 years of age or older; and*
- 2. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SSRI; and*
- 3. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SNRI; and*
- 4. Documentation of a previous trial and therapy failure at a therapeutic dose with one generic antidepressant from any class.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. The criteria will be sent to DHS for their consideration and implementation.

Public Comment

Nancy Bell, from Pfizer, spoke of her concerns about the changes to the lost/stolen/destroyed override policy.

Focus Studies

Chronic Antibiotic Use: This was a follow-up discussion, and the Commission had no further comments.

New Hepatitis C Diagnosis without Treatment: This was a follow-up discussion, and the Commission had no further comments.

Promethazine Use in Children: This was a follow-up discussion, and the Commission had no further comments.

Antipsychotics in Children: Letters will be sent to the prescribers of the 142 members 0 to 17 years of age identified as using multiple antipsychotics for 45 or more days. This topic will also be discussed at an upcoming Mental Health Advisory Group meeting.

Duplicate Narcotics: A POS edit will be put in place to deny duplicate short-acting narcotics, and the most egregious members will be referred to the lock-in program for monitoring. Pam Smith will look into how other states control this issue and bring her findings to a future meeting. Additionally, the set quantity limits on narcotics will be brought back to the April meeting to review and determine if any adjustments need to be made.

Miscellaneous

DUR Digest: The Commission members offered changes and additions to the draft for DUR Digest Volume 24, Number 2.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since November.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 12:20 to adjourn the meeting and move to closed session (motion by Larry Ambroson, second by Craig Logemann).

The next meeting will be held at 9:30 a.m. on Wednesday, April 4, 2012, at the Iowa Medicaid Enterprise in Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes April 4, 2012

Attendees:

Commission Members
Gregory Barclay, M.D.; Casey Clor, M.D.; Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Pam Smith, R.Ph.

Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D.; and Melissa Biddle, IME.

Welcome & Introductions

Laurie Pestel called the meeting to order at 9:32 a.m. at Magellan Health Services in West Des Moines. The minutes from the February 1, 2012 meeting were reviewed. Dr. Clor motioned to accept them, and Larry Ambroson seconded. The vote was unanimous.

IME Updates

The IME is writing a proposal to share savings with CMS for dual eligible members. Savings will be generated in multiple ways over the next three years beginning in January of 2013, by use of the health homes, expansion of the disease management programs, and focusing on home and community based programs over institutional care. The IME has submitted its State Plan Amendment for health homes for people with chronic diseases to CMS, where approval is pending. Interested providers are already being allowed to enroll health homes, and will be able to enroll members as of June 1st with payments to begin on July 1st. Meridian Health Plan has been running in Muscatine County as of March 1st as a managed care organization, and will be expanding to Clinton County as of May 1st. DHS is still waiting on the appropriations bill changing the reimbursement from Average Wholesale Price to Average Acquisition Cost to be finalized by the legislature. Dr. Schutte-Schenck and Craig Logemann will be leaving the DUR Commission in June, as their second terms will be expiring at that time. Applicants will be interviewed soon, and anyone interested is encouraged to apply via the www.iadur.org website.

Prevalence Report Summary

Statistics from January through February 2012 were discussed, including: cost per user (\$256.07), number of total prescriptions dispensed (an increase of 0.9% compared to the previous reporting period), average cost per prescription (\$62.29), and generic utilization (77.9%). The total paid amount increased by 0.9% from the previous reporting period. There were 165,562 unique users, which is 2.3% more than the total for November and December. Lists of the top 20 therapeutic classes were provided.

Atypical Antipsychotics were the most expensive, and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. Eight of the ten most expensive medications were mental health drugs.

Case Studies

Pam Smith presented 4 case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of \$10,308.77 pre-rebate (state and federal). The Commission inquired how Iowa compared with other states, as to percentage of change resulting from intervention letters. Pam Smith will bring statistics that had been provided in the annual report to the next meeting, and will investigate other states' success rates as well.

Public Comment

John Brokers from Eli Lilly spoke about *Cymbalta*. Nancy Bell from Pfizer spoke about *Xalkori*, the chronic pain category, and her concerns about the lost/stolen/destroyed policy change.

Hepatitis C Triple Therapy Adherence analysis

The Commission wanted to know how many unique prescribers there were, and it was suggested that care management may be able to track the new starts. Dr. Kessler said he would look into that option. The prescribers identified will also be contacted to inquire if they already have an internal process in place, with the findings brought back to the next meeting, along with updated more current claims data.

ProDUR Edits

First and Second Generation Antipsychotics: The members discussed placing the following ProDUR edits on antipsychotics: 1) an age edit on risperidone for members less than five years of age; 2) an age edit on all other antipsychotics for members less than six years of age; 3) a duplicate therapy edit on all antipsychotics for members 0 through 17 years of age; and 4) quantity limits on risperidone, *Latuda* and *Zyprexa*. Dr. Schutte-Schenck motioned to implement the above age edits, and Brett Faine seconded. All members were in favor. Craig Logemann motioned to accept the duplicate therapy edit, and Dr. Barclay seconded. Again, there were no objections. Once the new POS system goes live, different doses may be able to be consolidated, but not at present. Finally, Larry Ambrosion motioned to place the following quantity limits: a quantity of 60 per 30 days on risperidone 1mg and risperidone 2mg, and a quantity of 30 per 30 days on Zyprexa 15mg, Zyprexa 30mg, Latuda 40mg, and Latuda 80mg. Brett Faine seconded this motion, and the decision was unanimous.

Prior Authorization

Chronic Pain Syndromes: The Commission reviewed the prior authorization criteria as follows:

A prior authorization is required for duloxetine (Cymbalta[®]), pregabalin (Lyrica[®]), and milnacipran (Savella[™]). Payment will be considered under the following conditions:

1. A diagnosis of fibromyalgia (Cymbalta[®], Lyrica[®], and Savella[™])
 - a. a trial and therapy failure at a therapeutic dose with three drugs from three distinct therapeutic classes from the following: tricyclic antidepressant, SSRI/SNRI, tramadol, or gabapentin, **WITH**
 - b. documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.), **AND**
 - c. documentation of a previous trial and therapy failure at a therapeutic dose with Savella[™] when Cymbalta[®] and Lyrica[®] are requested.
2. A diagnosis of post-herpetic neuralgia (Lyrica[®])

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, valproate, carbamazepine, or gabapentin.
3. A diagnosis of diabetic peripheral neuropathy (Cymbalta[®] and Lyrica[®])

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, tramadol, or gabapentin.
4. A diagnosis of partial onset seizures, as adjunct therapy (Lyrica[®])
5. A diagnosis of major depressive disorder or generalized anxiety disorder (Cymbalta[®])
6. A diagnosis of chronic musculoskeletal pain (Cymbalta[®])

A trial and therapy failure at a therapeutic dose with at least three drugs from three distinct therapeutic classes from the following: NSAIDs, opioids, tramadol, or tricyclic antidepressants.

Requests for concomitant use of these agents for an indicated chronic pain diagnosis may only be considered once each agent has been tried at maximum tolerated dose separately. Duplicate use of drugs from the same therapeutic category will not be considered.

Brett Faine motioned to accept the recommended criteria, and Craig Logemann seconded. The motion passed. However, Dr. Clor wanted to make sure his objection to this PA form was noted. He believes more members will be prescribed opioids if Cymbalta is more difficult to get. Pam Smith will look into how many members currently on Cymbalta were taken off opioids.

Sedative/Hypnotics Non-Benzodiazepines: The Commission reviewed the prior authorization criteria as follows:

Preferred agents are available without Prior Authorization (PA). Although intermittent therapy is recommended, quantity limits will allow 30 tablets per 30 days supply without PA for preferred medications.

Prior authorization is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics

will be authorized only for cases in which there is documentation of a previous trial and therapy failure with the preferred agent(s). Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when there is:

- 1) A diagnosis of chronic insomnia (insomnia lasting ≥ 6 months,*
- 2) Medications with a side effect of insomnia (i.e. stimulants) are decreased in dose, changed to a short acting product, and/or discontinued,*
- 3) Enforcement of good sleep hygiene is documented.*
- 4) All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses*
- 5) Patient has a documented trial and therapy failure with zaleplon.*

Larry Ambrosion motioned to accept the recommended criteria, and Dr. Clor seconded. The motion passed with all in favor.

Ivacaftor (Kalydeco): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Kalydeco™ (ivacaftor). Payment will be considered for patients when the following criteria are met:

- 1. Patients is 6 years of age or older; and*
- 2. Has a diagnosis of cystic fibrosis with a G551D mutation in the CFTR gene as detected by an FDA-cleared CF mutation test; and*
- 3. Prescriber is a CF specialist or pulmonologist; and*
- 4. Patient does not have one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abscessus.*

Dr. Clor motioned to accept the recommended criteria, and Dr. Schutte-Schenck seconded. The motion passed with all in favor. A quantity limit of 60 tablets per 30 days will also be implemented.

Lost, Stolen, Destroyed Medication Overrides: The Commission reviewed the prior authorization criteria as follows:

Non-controlled medications that are lost, stolen, or destroyed are limited to a one time override allowance per 12 month period. Overrides for the first occurrence of a lost, stolen, or destroyed medication can be obtained by contacting the POS Helpdesk at 1-877-463-7671 or locally at 515-256-4608.

Replacement of lost, stolen, or destroyed controlled substances and tramadol containing products will not be approved. In addition, no allowances will be provided for patients who reside in a long term care (LTC) facility.

Requests exceeding the one time override allowance for non-controlled lost, stolen and destroyed medications may be considered with additional documentation. Requests for stolen medications must include a copy of a police report.

Larry Ambrosion motioned to accept the recommended criteria, and Dr. Clor seconded. The motion passed with all in favor.

Crizotinib (Xalkori): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Xalkori® (crizotinib). Payment will be considered for patients when the following is met:

- 1. Diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (Please attach copy of test results); and*
- 2. Is prescribed by an oncologist.*

Craig Logemann motioned to accept the recommended criteria, and Dr. Clor seconded. The motion passed with all in favor. A quantity limit of 60 tablets per 30 days will also be implemented. Dr. Clor would also like to get the opinion of an oncologist.

Erythropoiesis Stimulating Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for erythropoiesis stimulating agents prescribed for outpatients for the treatment of anemia. Payment for non-preferred erythropoiesis stimulating agents will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.

Patients who meet all of the following criteria may receive prior authorization for the use of erythropoiesis stimulating agents:

- 1. Hemoglobin less than 10g/dL. If renewal of prior authorization is being requested, a hemoglobin less than 11g/dL (or less than 10g/dL for patients with Chronic Kidney Disease (CKD) not on dialysis) will be required for continued treatment. Hemoglobin laboratory values must be dated within four weeks of the prior authorization request.*
- 2. Transferrin saturation greater than or equal to 20 percent (transferrin saturation is calculated by dividing serum iron by the total iron binding capacity), ferritin levels greater than or equal to 100 mg/ml, or on concurrent therapeutic iron therapy. Transferrin saturation or ferritin levels must be dated within three months of the prior authorization request.*
- 3. For HIV-infected patients, the endogenous serum erythropoietin level must be less than or equal to 500 mU/ml to initiate therapy.*
- 4. No evidence of untreated GI bleeding, hemolysis, or Vitamin B-12, iron or folate deficiency.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. The criteria will be sent to DHS for their consideration and implementation.

Benzodiazepines: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for non-preferred benzodiazepines. Payment for non-preferred benzodiazepines will be authorized in cases with documentation of previous trial and therapy failure with two preferred products. Requests for clobazam (ONFI) will be considered for a diagnosis of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age and older when used as an adjunctive treatment. Prior authorization will be approved for up to 12 months for documented:

1. *Generalized anxiety disorder.*
2. *Panic attack with or without agoraphobia.*
3. *Seizure.*
4. *Non-progressive motor disorder.*
5. *Dystonia.*

If a long-acting medication is requested, one of the therapeutic trials must include the immediate release form of the requested benzodiazepine.

Prior authorization requests will be approved for up to a three-month period for all other diagnoses related to the use of benzodiazepines.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. The criteria will be sent to DHS for their consideration and implementation.

Public Comment

There were no public comments.

Focus Studies

Long-Acting Beta Agonist: This was a follow-up discussion, and the Commission had no further comments.

Antidepressants in Children: This was a follow-up discussion, and the Commission had no further comments.

Beers List: This was a follow-up discussion, and the Commission had no further comments.

Serotonin Syndrome: This was a follow-up discussion, and the Commission had no further comments.

Triazolam Utilization: The Commission referred this to the P&T Committee, recommending they change the status of triazolam to non-preferred on the PDL since there are safer agents available. They also wish to look at utilization on estazolam and flurazepam. Pam Smith will bring that to a future meeting.

Antihypertensives and the Risk of Gout: This will be an upcoming DUR Digest article, as it is based on a new data study. Dr. Clor also asked about breaking out the individual diuretics.

Miscellaneous

DUR Digest: The commission members offered changes and additions to the draft for

DUR Digest Volume 24, Number 3.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since January.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 12:08 to adjourn the meeting and move to closed session (motion by Larry Ambroson, second by Dr. Barclay).

The next meeting will be held at 9:30 a.m. on Wednesday, June 6, 2012, at Magellan Health Services in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes June 6, 2012

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Pam Smith, R.Ph.

Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D.; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:35 a.m. at Magellan Health Services in West Des Moines. The minutes from the April 4, 2012 meeting were reviewed. Dr. Schutte-Schenck motioned to accept them, and Craig Logemann seconded. The vote was unanimous.

IME Updates

The IME has written a proposal, currently posted on the IME website for public comment, to share savings with CMS for dual eligible members. Savings will be generated in multiple ways over the next three years beginning in January of 2013, by use of the health homes, expansion of the disease management programs, and focusing on home and community based programs over institutional care. The IME has submitted its State Plan Amendment for health homes for people with chronic diseases to CMS, where approval is pending. Interested providers are being allowed to enroll in health homes, and can now also enroll members as of June 1st with payments to begin on July 1st. The legislature passed the appropriations bill changing the reimbursement from Average Wholesale Price to Average Acquisition Cost (AAC), and DHS is currently performing a cost of dispensing survey. The AAC will be effective January 1, 2013, and letters and surveys will go out this week. CMS has also been required to launch a retail price survey, releasing two documents on May 31st in regards to this National Drug Average Acquisition Cost. Myers and Stauffer have been contracted to perform monthly surveys of retail community pharmacies and generate an average acquisition cost, similar to what's being proposed on the state level. The CMS draft methodology document is posted on their website. Pam Smith provided a summary of the last Federal Annual DUR report, which included the overall cost and savings of the DUR program. She will supply a copy of the Federal Fiscal Year 2011 report once it's completed. This will be the last DUR Commission meeting for Dr. Schutte-Schenck and Craig Logemann, as their second terms will be expiring this month. Pam Smith thanked them for their 8 years of service, and presented certificates and letters of appreciation

signed by Medicaid Director Jennifer Vermeer. Jason Wilbur, M.D., and Kellen Ludvigson, Pharm.D., will be taking over those Commission seats beginning July 1st.

Prevalence Report Summary

Statistics from March through April 2012 were discussed, including: cost per user (\$269.68), number of total prescriptions dispensed (an increase of 1.1% compared to the previous reporting period), average cost per prescription (\$64.47), and generic utilization (77.5%). The total paid amount increased by 4.0% from the previous reporting period. There were 164,680 unique users, which is 0.6% less than the total for January and February 2012. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive, and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. Eight of the ten most expensive medications were mental health drugs.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$3,434.43 pre-rebate (state and federal).

Public Comment

Don Iacobellis from Eli Lilly spoke about Cymbalta.

Hepatitis C Triple Therapy Adherence analysis

This was initially presented at the April meeting, and the Commission had wanted to know how many unique prescribers there were. Pam Smith presented updated claims data. She had also contacted the prescriber identified as having the highest prescription count for input, and inquired if there was a monitoring system in place. The prescriber stated that members needed to be in a good place, both physically and mentally, in order to begin this therapy, and she makes sure to emphasize to the patient how important it is to take these expensive medications on a regular basis, and that it's wasteful if they don't. She does not allow any refills on any of these medications, so when she gets a refill request from the pharmacy, she checks lab work, and requires the patients to come in for office visits monthly at first, as well. She questions them about their compliance, and is usually alerted by unchanging hemoglobin levels if they are not compliant. She prefers to use US Bioservices, one of the specialty pharmacies, for all of her patients, if their plan allows it, as they track the patients as well. She also works with Iowa Department of Public Health. She sometimes gives out samples of these medications, which could explain the gaps in therapy on patient profiles. The prescriber felt that letters were unnecessary as they were already following the steps detailed above. There were a total of 25 physicians with submitted claims for these medications, mostly in Des Moines, Fort Dodge, or at the University of Iowa. Dr. Graber mentioned that the CDC had just put out a recommendation that everyone in a certain age group be tested for Hepatitis C, so utilization will likely increase. The Commission agreed that letters were not necessary at this time, however.

Prior Authorization

Buprinorphine (Suboxone): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for buprenorphine/naloxone (Suboxone®). Requests for doses above 24mg per day or greater than once daily dosing will not be considered.

Payment will be considered for patients when the following is met:

1. *Patient has a diagnosis of opioid dependence and is 16 years of age or older; AND*
2. *Prescriber meets qualification criteria to prescribe buprenorphine/naloxone (Suboxone®) for opioid dependence and has an "X" DEA number; AND*
3. *Patient is participating in formal substance abuse counseling/psychosocial therapy; AND*
4. *A projected treatment plan is provided, including:*
 - *anticipated induction/stabilization dose,*
 - *anticipated maintenance dose,*
 - *anticipated taper schedule,*
 - *expected frequency of office visits, and*
 - *expected frequency of counseling/psychosocial therapy visits.*
5. *Requests for renewal must include:*
 - *An updated treatment plan, including last date of dose taper,*
 - *Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances since the last prior authorization request,*
 - *Documentation of a current, negative drug screen,*
 - *Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits.*
6. *Requests for buprenorphine will only be considered for pregnant patients.*

Dr. Wadle said that the usage should be capped at 8mg, and allowed for 6 months at the higher dose, for up to a year once lowered. Positive drug screens need to be verified. If a member has a negative drug screen and negative PMP, then the PA could be renewed. The initial PA will be approved for 3 months, and then reviewed for renewal. Craig Logemann referred to North Carolina's criteria as a recommendation for the length of treatment. A draft PA form will be brought to the next meeting.

Vemurafenib (Zelboraf): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Zelboraf™ (vemurafenib). Payment will be considered for patients when the following criteria are met:

1. *Patient is 18 years of age or older; and*
2. *Has a diagnosis of unresectable or metastatic melanoma with BRAF^{V600E} mutation as detected by an FDA-approved test; and*
3. *Prescriber is an oncologist.*

Dr. Graber and Brett Faine will attempt to contact an oncologist at the University of Iowa for input, as Pam Smith received no response in regards to her inquiry regarding the criteria. They will then email Pam, and she will bring the comments back to the next

meeting so that length of therapy can be determined. The Commission has suggested either 3 months or 12 weeks.

Chronic Pain Syndromes: The Commission reviewed the prior authorization criteria as follows:

A prior authorization is required for duloxetine (Cymbalta[®]), pregabalin (Lyrica[®]), and milnacipran (Savella[™]). Payment will be considered under the following conditions:

1. *A diagnosis of fibromyalgia (Cymbalta[®], Lyrica[®], and Savella[™])*
 - a. *a trial and therapy failure at a therapeutic dose with three drugs from three distinct therapeutic classes from the following: tricyclic antidepressant, SSRI/SNRI, tramadol, or gabapentin, **WITH***
 - b. *documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.), **AND***
 - c. *documentation of a previous trial and therapy failure at a therapeutic dose with Savella[™] when Cymbalta[®] and Lyrica[®] are requested.*

2. *A diagnosis of post-herpetic neuralgia (Lyrica[®])*

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, valproate, carbamazepine, or gabapentin.

3. *A diagnosis of diabetic peripheral neuropathy (Cymbalta[®] and Lyrica[®])*

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, tramadol, or gabapentin.

4. *A diagnosis of partial onset seizures, as adjunct therapy (Lyrica[®])*
5. *A diagnosis of major depressive disorder or generalized anxiety disorder (Cymbalta[®])*
6. *A diagnosis of chronic musculoskeletal pain (Cymbalta[®])*

A trial and therapy failure at a therapeutic dose with at least three drugs from three distinct therapeutic classes from the following: NSAIDs, opioids, tramadol, or tricyclic antidepressant.

Requests for concomitant use of these agents for an indicated chronic pain diagnosis may only be considered once each agent has been tried at maximum tolerated dose separately. Duplicate use of drugs from the same therapeutic category will not be considered.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. The criteria will be sent to DHS for their consideration and implementation.

Sedative/Hypnotics Non-Benzodiazepines: The Commission reviewed the prior authorization criteria as follows:

Preferred agents are available without Prior Authorization (PA). Although intermittent therapy is recommended, quantity limits will allow 30 tablets per 30 days supply without PA for preferred medications.

Prior authorization is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of a previous trial and therapy failure with the preferred agent(s). Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when there is:

- 1) A diagnosis of chronic insomnia (insomnia lasting ≥ 6 months,*
- 2) Medications with a side effect of insomnia (i.e. stimulants) are decreased in dose, changed to a short acting product, and/or discontinued,*
- 3) Enforcement of good sleep hygiene is documented.*
- 4) All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses*
- 5) Patient has a documented trial and therapy failure with zaleplon.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. The criteria will be sent to DHS for their consideration and implementation.

Ivacaftor (Kalydeco): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Kalydeco™ (ivacaftor). Payment will be considered for patients when the following criteria are met:

- 1. Patients is 6 years of age or older; and*
- 2. Has a diagnosis of cystic fibrosis with a G551D mutation in the CFTR gene as detected by an FDA-cleared CF mutation test; and*
- 3. Prescriber is a CF specialist or pediatric pulmonologist; and*
- 4. Patient does not have one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abscessus.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. Craig Logemann had suggested removing requirement #4, but the Commission decided to leave it included for now unless more PA requests are received. The criteria will be sent to DHS for their consideration and implementation.

Lost, Stolen, Destroyed Medication Overrides: The Commission reviewed the prior authorization criteria as follows:

Non-controlled medications that are lost, stolen, or destroyed are limited to a one time override allowance per 12 month period. Overrides for the first occurrence of a lost, stolen, or destroyed medication can be obtained by contacting the POS Helpdesk at 1-877-463-7671 or locally at 515-256-4608.

Replacement of lost, stolen, or destroyed controlled substances and tramadol containing products will not be approved. In addition, no allowances will be provided for patients residing in a long term care (LTC) facility.

Requests exceeding the one time override allowance for non-controlled lost, stolen and destroyed medications may be considered with additional documentation. Requests for stolen medications must include a copy of a police report.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. The criteria will be sent to DHS for their consideration and implementation.

Crizotinib (Xalkori): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Xalkori® (crizotinib). Payment will be considered for patients when the following is met:

- 1. Diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (Please attach copy of test results); and*
- 2. Is prescribed by an oncologist.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary. The criteria will be sent to DHS for their consideration and implementation.

Public Comment

There were no public comments.

Focus Studies

Bipolar Depression: This was a follow-up discussion, and the Commission had no further comments.

Topiramate in Women of Childbearing Age: This was a follow-up discussion, and the Commission had no further comments.

Stimulant Use in Children Less than 4 Years Old: As this involves a very small percentage of the population, it will be published as a DUR Digest article, including the AAP Guidelines.

Clonidine plus Guanfacine Duplicate Therapy: Letters will be sent to the prescribers of the 299 members combining immediate-release clonidine with immediate-release guanfacine, pointing out the duplication and asking if one medication could be discontinued.

Miscellaneous

DUR Digest: The Commission members had no further changes or additions to the

draft for DUR Digest Volume 24, Number 3. It will be posted on the website.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since March.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:27 to adjourn the meeting and move to closed session (motion by Craig Logemann, second by Dr. Schutte-Schenck).

The next meeting will be held at 9:30 a.m. on Wednesday, August 1, 2012, at the Learning Resource Center in West Des Moines.

Appendix N

Mental Health Work Group

Mental Health Advisory Group

The Iowa Medicaid Drug Utilization Review Mental Health Advisory Group (MHAG), formerly known as the Mental Health Work Group, was established in State FYE 2008. It is currently comprised of one member of the Drug Utilization Review Commission (psychiatrist), several pediatric and adolescent psychiatrists, an adult psychiatrist, a psychiatric pharmacist, a pediatrician and a psychiatrist from Magellan Health Services.

The Mental Health Advisory Group is a separate entity from the Iowa Medicaid Drug Utilization Review (DUR) Commission. All recommendations from the MHAG must be approved by the DUR Commission before they can be implemented.

The original goal of the MHWG was to address issues that developed specific to the pediatric and adolescent psychiatrists within the State of Iowa when mental health drug consolidation edits were implemented in October, 2007. Since then, the DUR Commission has made the decision to refer other mental health issues that impact the entire mental health population of Iowa Medicaid, regardless of the members' age.

The MHAG met twice in State FYE 2012. The minutes from the July 2011 and February 2012 meetings have been included.

Iowa Medicaid DUR Mental Health Advisory Group

Meeting Minutes July 15, 2011

Attendees:

Commission Members
Bruce Alexander, R.Ph., Pharm.D., BCPP; Terry Augspurger, M.D.; Kevin Took, M.D.; Charles Wadle, D.O.; and Samuel Kuperman, M.D.
Staff
Pam Smith, R.Ph.
Guests
Susan Parker, Pharm.D., DHS; Jason Kessler, M.D., IME, and Melissa Biddle, IME.

Welcome & Introductions

Pam Smith called the meeting to order at 8:09 a.m. at the Iowa Medicaid Enterprise. Commission members and guests were welcomed and introduced.

The minutes from the December 10, 2010 meeting were approved. (Motion by Dr. Took, second by Bruce Alexander, unanimous approval by voice vote.)

Psychotropics in Children

Dr. Wadle presented a PowerPoint presentation on the use of psychotropics in children, in hopes that the Advisory Group could offer ideas on specific areas of concern, threshold screenings, or suggestions for possible interventions. After reviewing the slides, the Commission felt that the findings for those ages 5 and below should be examined more closely. It was also suggested that a child within the foster care population be paired with one of the same age not in the foster care system in the same region for comparison. The goal of this analysis is to identify outliers, and also to reassure the public that psychotropics are not being over-prescribed to children. Dr. Took would like to send out letters to contact the prescribers using Atypical Antipsychotics for those ages 5 and under to establish reasoning, diagnosis, and their specialty, and urge them to use medications that are FDA approved for that use. It was pointed out that there aren't that many child psychiatrists in Iowa, so they're likely going to be receiving many letters apiece, which will not promote compliance in response. Thus, it was advised that the threshold be raised to 2 or more medications with any overlap of 91 days or more, or 2 or more prescribers within 6 months. Dr. Kuperman suggested that claims for TCAs (also for that same age range of 5 and under) be pulled in addition to the Atypical Antipsychotics, to address the more dangerous medications first. In the future, the parameters could be expanded to include other drugs, but this would keep results and correspondence to a reasonable volume. Dr. Wadle plans to distribute the findings electronically to the other committee members, and perhaps then request input from them for how best to address the outliers.

The meeting adjourned at 8:59 a.m. (1st by Dr. Wadle, 2nd by Dr. Took.) The next meeting has not yet been scheduled.

Iowa Medicaid DUR Mental Health Advisory Group

Meeting Minutes February 17, 2012

Attendees:

Commission Members
Bruce Alexander, R.Ph., Pharm.D., BCPP; Terry Augspurger, M.D.; Kevin Took, M.D.; Charles Wadle, D.O.; Gregory Barclay, M.D.; Sara Schutte-Schenck, D.O., FAAP; and Samuel Kuperman, M.D.

Staff
Pam Smith, R.Ph.

Guests
Susan Parker, Pharm.D., DHS; Jason Kessler, M.D., IME, and Melissa Biddle, IME.

Welcome & Introductions

Pam Smith called the meeting to order at 8:04 a.m. at the Iowa Medicaid Enterprise. Commission members and guests were welcomed and introduced.

The minutes from the July 15, 2011 meeting were approved. (Motion by Dr. Wadle, second by Dr. Took, unanimous approval by voice vote.)

Prevalence Report

The report that had been reviewed by the DUR Commission at their latest meeting was discussed. This program summary is now posted on the www.iadur.org website. The MHAG members think that providers and medical associations are not aware of this, however, and asked if notification could be sent. An email with a link to the most recent report will also be sent to the MHAG members after the DUR Commission reviews this at their meetings.

Bruce Alexander suggested that the number of patients be added for each prescriber, in addition to the dollar amount dispensed, to provide a more accurate reflection of their prescribing practices. Dr. Wadle mentioned that maybe a disclaimer could be added in the meantime until the report could be updated.

Second Generation Antipsychotics – Age Edit

This topic had been referred to the Mental Health Advisory Group (MHAG) by the DUR Commission. At their February 1st meeting, the DUR Commission had decided to place ProDUR edits to block new starts less than 6 years of age, for any antipsychotic, in addition to blocking duplicate therapy for members less than 18 years of age at the point-of-sale. The MHAG also reviewed a document provided by Dr. Wadle on antipsychotic used in foster care (Iowa Plan) versus published population from a November 2011 *Pediatrics* article. Dr. Took mentioned that in South Dakota, a prior authorization is only required if the prescriber is not a psychiatrist or child psychiatrist. However, prescriber specialty is currently optional and self-reported in Iowa; changing

this would involve a provider enrollment file change, which is an unrealistic request in the midst of the MMIS vendor and system transition, but could be done in the future. Dr. Took brought up the fact that research and development are usually never done on children, which is why so few drugs have established FDA approval for this age range. As a compromise, Susan offered the following: if NPIs for child psychiatrists practicing within Iowa could be supplied, claims for these drugs with those NPIs could possibly be programmed to pay without prior authorization. First, though, a report will be run to establish how many children under the age of 6 are on a single second-generation antipsychotic, and the corresponding number of unique prescribers, to get a feel for what this programming change would entail. These findings will be brought back to the May 11th MHAG meeting, and also provided to the DUR Commission at their April 4th meeting. The hope is to eventually extend the recommended ProDUR edits to the first generation antipsychotics, as well, although there are some first generation medications that are actually approved for use in children. Dr. Augspurger agreed that any restrictions put in place should not be based simply upon FDA approval either by age or indication, as many times these drugs are used off-label in children, especially for aggressive and violent behavior. He further commented that the lead article in this month's *Childhood and Adolescent Psychiatry Journal* is an expert consensus article that advocates antipsychotics as the standard of care for childhood aggression. Dr. Kuperman will send a copy of this article to Pam Smith.

Letter from Senator Grassley

In 2010, Senator Grassley sent a letter to Iowa Medicaid requesting some initial data on narcotic pain medications and antipsychotics. This information was provided, and a response was just received in January 2012. It included 12 follow-up questions, and specifically targeted the top ten prescribers of select pain management and mental health drugs, though many of the questions went beyond the realm of Medicaid's jurisdiction and overlapped into other entities such as the Boards of Medicine and Boards of Pharmacy, as they involve complicated issues. A lengthy response has been compiled by the IME units, and will be emailed back to Senator Grassley's office in the next couple of days. A copy of this response will also be sent to all committee members.

Antipsychotics in Children

This topic was discussed at the February 1st DUR Meeting, wherein it was decided to send letters to the prescribers of the 142 members 0 to 17 years of age identified as using multiple antipsychotics for 45 or more days. The MHAG members were provided a copy of this same handout as it tied into the issues discussed above, but there was no further discussion due to time constraints.

The meeting adjourned at 9:03 a.m. (First by Dr. Took, second by Dr. Wadle.) The next meeting will be May 11, 2011 at the Iowa Medicaid Enterprise in Des Moines, IA.

Appendix O

Recommendations to the P&T

P & T Recommendations
SFYE 2012

The DUR Commission makes recommendations to the Iowa Medicaid Pharmaceutical & Therapeutics (P&T) Committee regarding the status of a medication on the Preferred Drug List (PDL) as issues arise. During the time period for this report there was one recommendation made to the P&T Committee.



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.
Casey Clor, M.D.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Craig Logemann, R.Ph., Pharm.D., BCPS
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Sara Schutte-Schenck, D.O., FAAP

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

December 8, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

At the request of the DUR Commission members, I am forwarding the following referral to the P&T Committee members for further consideration.

Utilization of sucralfate (Carafate®) suspension and products containing simvastatin 80mg were reviewed by the DUR Commission at their December 7, 2011 meeting.

The cost of sucralfate (Carafate®) suspension per dose (1 gram/10ml) is almost 10 times greater than the cost of sucralfate tablets, pre-rebate. In State Fiscal Year (SFY) ending 2011, Iowa Medicaid was billed for 1,026 prescriptions incurring a cost of \$90,299 for sucralfate (Carafate®) suspension while 2,601 prescriptions for sucralfate tablets were billed at a cost of \$51,189. Sucralfate (Carafate®) suspension has been used off-label for the treatment of chemotherapy and radiotherapy induced mucositis in cancer patients. Additionally, sucralfate tablets may be dissolved in water before taking. Given the potential for off-label use of sucralfate (Carafate®) suspension and the ability to dissolve sucralfate tablets in water before taking, the DUR Commission requests that the P&T Committee consider making sucralfate (Carafate®) suspension non-preferred on the Preferred Drug List (PDL), to shift utilization towards the less expensive sucralfate tablets.

Recently, the FDA recommended limiting the use of simvastatin 80mg due to an increased risk of myopathy. Simvastatin 80mg should not be started in new patients or in patients already taking a lower dose. Based on this recommendation from the FDA, the DUR Commission requests the P&T Committee consider changing the status of products containing simvastatin 80mg to non-preferred on the PDL while grandfathering existing users of simvastatin 80mg products for greater than one year.

Thank you in advance for consideration of moving sucralfate (Carafate®) suspension and simvastatin 80mg products to non-preferred status on the PDL.

Sincerely,

A handwritten signature in cursive script that reads "Paula Smith R.Ph.".

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME